

COUNTY BOROUGH OF BOOTLE



THE HEALTH OF THE BOROUGH, 1969.

G.T.MacCulloch, MB,ChB,DPH, Medical Officer of Health and Principal School Medical Officer.





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Health Department,
Balliol House,
The Stanley Precinct,
Bootle, Lancs.
L20 3AH

November 1970.

FOREWORD

Mr. Mayor, Aldermen and Councillors of the County Borough of Bootle.

I have pleasure in presenting to you the Annual Reports of the Medical Officer of Health and the Principal School Medical Officer for the year 1969, these being respectively the ninety-seventh and the sixty-second in the series on the health of Bootle residents and on the work of the School Health Service.

It is with the deepest regret that I have to report the deaths of Sir W. Allen Daley M.D., LL.D., F.R.C.P., D.P.H., on the 21st February and Councillor Dr. Y. E. Zaki L.R.C.P., L.R.C.S(Ed), L.R.F.P.S. (Glas) on the 1st March, 1969. Councillor Dr. Zaki, who died suddenly at his home, was a serving member of the Council representing Linacre Ward and a member of the Fire Brigade and Licensing, the Health and the Welfare Committees of the Council. Sir Allen Daley who died after a short illness while on holiday at Teneriffe in the Canary Islands, was 82. Liverpool, the son of Dr. William Daley, Medical Officer of Health of Bootle, he was educated at Merchant Taylors' School and at Liverpool University. In 1911, at the age of 24 years, on the death of his father he was invited to become Medical Officer of Health of the Borough and this post he held until 1920. He continued his distinguished career as Medical Officer of Health of the County Borough of Blackburn, the City and Port of Hull and in 1929 became Principal Medical Officer to the London County Council with special responsibility for the organisation of the London County Council Hospital Service, under the London Government Act of 1929. In 1939, he succeeded Sir Frederick N. K. Menzies as Medical Officer of Health of the London County Council and in this office he served with the greatest distinction until his retirement in 1952. Sir Allen Daley, who received many honours and distinctions including his knighthood in 1944 and his appointment as Kings Honorary Physician from 1947-50, remained active in the field of public health until his death and he will be remembered as a great medical administrator and a champion of preventive medicine.

Population

The estimated population of the Borough as at 30th June 1969, and as published in the "Registrar General's Annual Estimates of Population of England and Wales and Local Authority areas" was 79,950. During 1968, there was a change in the boundary of the Borough and the statistics collated relating to births and deaths represented the events assigned to the area within the boundaries as they existed at the date of registration of

each event. The estimated mid-year population of 79,800 was a weighted average of the mid-year population in the area as constituted before and after the change and this figure was used to calculate valid birth and death rates for the year 1968. When published, however, the "Registrar General's Annual Estimates of Population of England and Wales and of Local Authority areas in 1968" indicated that the estimated population of Bootle as at 30th June 1968 was 80,240. When this is compared with the 1969 figure, it will be seen that there has been a reduction in population of 290 since last year.

Staff

Once again, staffing of the Health Department has been a problem. The post of Deputy Medical Officer of Health and Deputy Principal School Medical Officer was vacant until Dr. N. M. Brook was appointed on 29th September, while for four months of the year the Dental staff was reduced to the Principal School Dental Officer himself. The appointment of Dr. R. M. Eyre on 1st September to the post of Medical Officer in Department filled a vacancy which had existed since 31st December 1966. The staff of the Chief Public Health Inspector started the year with one vacancy for a specialist public health inspector. This became two in April and by the end of September, two further vacancies occurred by resignation of district public health inspectors. The staffing situation in the public health inspectors department became so critical towards the end of the year that it became necessary to effect a reorganisation of the establishment. It is anticipated that the new organisation together with the implementation of the recent national salary awards for public health inspectors will go a long way towards resolving the difficulty.

As in previous years, the Section most seriously affected by staff vacancies was the Health Visiting Section. In July the Senior Health Visitor, Miss M. T. Donohoe was granted one year's unpaid leave of absence by the Committee to take up a nursing post in the Ministry of Health of the Republic of Zambia.

Miss E. Grogan, a part-time health visitor resigned in July. Department was fortunate in being able to recruit Mrs. N. Clark to the full-time staff in April and Miss J. M. Sephton in September when she successfully completed her Health Visitor Training Course. At the end of the year there were four vacancies in the establishment of the Health Visiting Section and over the year as a whole the Section functioned with 56% of its full establishment. Under these circumstances it was only possible to deal with routine matters and no consideration could be given to schemes involving the attachment of health visitors to family doctors. In the Municipal Midwifery Service, the staffing has been maintained throughout the year at one non-medical supervisor of midwives and ten municipal midwives. With a minimum of staff sickness in this section and the low percentage of home confinements, it has not been necessary to fill any of the vacancies reported. Numerous vacancies occured in the Adult Training Centre, Junior Training Centre, in the Administrative Section and the District Nursing Service and these vacancies were filled with difficulty. At the end of the year, two vacancies still existed in the District Nursing Service. Numerous changes in staff, and vacancies continuing over long periods call for additional effort from those remaining. These members of staff are to be congratulated for accepting the additional strain and responsibility, for only through this has the efficiency of the Health Service of the Borough been maintained throughout the year.

Births

The total number of live births recorded to mothers in the Borough was 1394, of which 724 were male and 670 were female, giving a birth rate of 17.44 per thousand while the figure for England and Wales was 16.30. This figure confirms the upward trend in birth rate as seen last year following the downward trend of the years prior to 1967 when the birth rate in Bootle at 17.10 per thousand was lower than that for England and Wales at 17.20.

During the year 21 stillbirths were recorded giving a rate per thousand total live and stillbirths of 14.84 which is a considerable reduction over the previous year when the corresponding figures were 36 and 24.36 per thousand total live and stillbirths.

The percentage of illegitimate live births to total live births was 7.03 compared with 9.64 during the previous year. The 1969 figure is almost similar to the 1967 figure of 7.07 and the reduction this year shows a reversal in the trend which has been seen to be increasing since 1958, when the figure was 3.03%.

In 1969, 8.10% of mothers had a domiciliary confinement showing a further reduction over last year when the figure was 12.7%. Since 1961, the percentage of births occurring at home has dropped from 34% to 8.10% of all births to Bootle mothers.

Deaths

There were 30 deaths of infants under the age of one year during the year giving an infant mortality rate of 21.52 compared with 20.11 in 1968.

The total number of deaths from all causes was 779 or 9.74 per thousand as compared with 755 or 9.46 per thousand in 1968. Deaths from all forms of cancer accounted for 21.6% (18.7 in 1968) of all deaths; deaths from bronchitis and emphysema 8.7% (8.1% in 1968); and deaths from diseases of the heart and circulatory system 45.8% (44% in 1968). Persons over the age of 65 years accounted for 60.2% of all deaths compared with 59.6% in 1968.

Infectious Diseases

No case of diphtheria, poliomyelitis, leptospirosis, tetanus or yellow fever was notified during the year. Twenty-two cases of infective jaundice were notified but this figure cannot be compared with the 19 cases notified in 1968 as this disease only became notifiable in the latter part of that year. There was a further decrease in the number of cases of measles, 108 compared with 252 in 1968, and whooping cough, 2 compared with 27 in the previous year. There were 11 cases of scarlet fever notified, an increase of 1 over the previous year. No deaths occurred from these diseases and no school department was closed during the year on account of infectious disease.

Vaccination

Protection by vaccination against diphtheria, whooping cough, tetanus, poliomyelitis, measles, smallpox and tuberculosis continued to be

offered to infants and school children throughout the year.

The vaccination programme for children in schools was interrupted during the year due to shortage of medical staff and this is reflected in the considerable decreases in the number of injections given to school children to boost their resistance to diphtheria, tetanus and poliomyelitis. Booster doses of poliomyelitis vaccine dropped from 745 doses in 1968 to 82 doses in 1969. A similar drop from 652 in 1968 to 18 in 1969 is seen in the number of re-inforcing doses of combined diphtheria-tetanus vaccine given

There was also a considerable drop this year compared with 1968 in the number of children under the age of one year who were protected against diphtheria, whooping cough, and tetanus using triple-antigen. The figures were 299 in 1968 and 58 in 1969. These figures relate to a course of three injections and the considerable difference between the two figures is explained by a change, in 1969, of the routine schedule of vaccination and immunisation procedures. In 1968, the three injections were given at four weekly intervals but in 1969 the interval between the first two injections was six to eight weeks while the interval between the second and third injections was six months. In other words, to complete a primary course of immunisation against diphtheria, whooping cough and tetanus it now takes nine months instead of three months and this reflects in the figures of courses completed during the year.

As vaccination of infants against poliomyelitis is undertaken at the same time as the triple vaccinations, the figures recorded for complete primary courses of poliomyelitis show the same pattern. The number given

during 1969 was 618, whereas the number given in 1968 was 113.

Early in the year the measles vaccination campaign, which was begun in 1968, suffered a severe set-back. By this time, one of the vaccines being used was found to be causing more reactions than the other and it had to be withdrawn from use. The heavy demands for supplies of the other vaccine were unable to be met, and this resulted in the vaccination programme against measles virtually being put in abeyance until November and only 319 children were vaccinated against measles compared with 1719 in 1968.

Nursing Services

I am asked to report progress on schemes of co-ordination and cooperation between the Health Department's nursing services with hospitals and family doctors. So far, attachment schemes of health visitors to individual family doctors' practices have not been possible due mainly to the shortage of health visiting staff, and the absence of family doctors with

practices which have a well defined catchment area of patients.

During the year, however, a district nurse liaison scheme with Walton Hospital was commenced. Mrs. G. Scott, Senior District Nurse, visits Walton Hospital daily to interview ward sisters about patients who are about to be discharged to their own homes. In this way, the continuity of nursing care is preserved and nursing equipment required for efficient home nursing available at home for the patient on discharge. The scheme has proved to be highly beneficial to the patient and its effectiveness highly praised by all medical and nursing staffs concerned.

Environmental Health

During the year the legislation contained in the Clean Air Act 1968 became operative and was brought into effect by a number of Commencement Orders and Regulations made by the Minister of Housing and Local Government. The Act amends and extends the provisions of the Clean Air Act of 1956. In so far as the control of industrial air pollution is concerned it prescribes maximum acceptable levels of emission of grit and dust from boilers and furnaces; it strengthens the regulation concerning the height of new industrial chimneys and it is now an offence, with minor exceptions, to cause dark smoke emission by burning industrial waste, etc., in the open. In Smoke Control Areas, the new legislation makes it an offence for a merchant to sell unauthorised fuel for use in premises in a Smoke Control Area and an offence for the occupier of premises in a Smoke Control Area to acquire unauthorised fuel for use in his premises. In addition, the Minister can direct a Local Authority which is not making adequate progress with smoke control to prepare and submit to him for approval, proposals for making and bringing into operation Smoke Control Orders in the area. In Bootle during the year the Council's Clean Air Programme progressed with two Smoke Control Orders coming into operation on 1st June. These related to area No. 9 and the Sefton area and contained a total of 1889 premises and covered 461 acres. Approximately half of the total area of the County Borough was covered by Smoke Control Orders by the end of the year and the diminishing amounts of solid deposit and of sulphur dioxide in the environment, as recorded in different parts of the Borough, together with noticably cleaner surfaces, fabrics and vegetation fully justify the large sums of money and effort which have been expended on the prevention of atmospheric pollution in the Borough.

Improvements in the living conditions of the residents is evidenced in the further progress made in slum clearance during the year. A further 232 houses occupied by 724 people were dealt with.

No progress was made during the year on fluoridation of the Public Water Supplies. In November, the Borough Council noted with regret that the controlling authority had reaffirmed its previous decision rejecting the introduction of fluoride into the water supply.

The inspection of food, in its course from production to consumer, is of prime importance in the protection of public health. The supervision of food handling and food premises and the hygiene of food in general continued throughout the year. Responsibility for the inspection of food increased during the year, partly as the result of the Imported Food Regulations, 1968, and partly because of the opening of an Inland Container Base on land at Aintree Sorting Sidings, Bootle, in July. The provisions of the Imported Food Regulations, 1968 allow for the inspection of imported food to be deferred until it has reached its place of destination. This allows the smaller seaports, with limited facilities for food inspection to be cleared quickly of the ever-increasing number of bulk containers, often sealed and refrigerated, being used in modern transportation of food. An increasing number of these bulk containers are arriving at warehouses in the Borough where their food content is inspected. The

Container Base was in operation for the latter six months of the year, by the end of which 634 containers had been examined, the total amount of food being 11066 tons. Only a very small percentage of this food was found to be unfit for human consumption.

School Health Service

As in previous years, 1969 showed a slight decrease in the total school population; in fact a decrease of 52 on the combined rolls of the primary and secondary schools as compared with 1968, and this gave a school population of 15872.

As in other Sections of the Health Department, the routine work of the School Health Service had to be cut back considerably owing to staff vacancies. The post of Deputy Principal School Medical Officer and one post of School Medical Officer remained vacant for the major part of the year and the effect of this is seen in the statistics. The number of routine periodic medical inspections carried out during the year was 4232 compared with 5046 during 1968. The number of re-examinations also showed a decrease. 5140 were carried out during the year compared with 6428 in 1968. The same effect is also seen in the number of vaccinations carried out and reference has already been made to this. All children requiring a special examination however were given appointments and the number of special examinations carried out during the year was 4227, which shows an increase of 231 over the previous year.

The general health of the schoolchild continued to be satisfactory. No child was grouped as being in an unsatisfactory condition and in the infant group the average height was found to have increased by 2 to 3 cms and the average weight by 0.2 to 0.5 kgs.

The incidence of verruca remained very much the same as the previous year, a total of 322 cases being confirmed, but the incidence of scabies in 1969 increased to 175 cases from 111 cases in 1968. Treatment is given for these conditions as well as for minor ailments, but when treatment is required for anything other than of a minor nature, it is arranged through the family doctor or hospital service, with both of which services excellent liaison arrangements exist.

Acknowledgements

The maintenance of close co-operation between the local authority health services, the family doctor service and the specialist services of the Liverpool Regional Hospital Board continued during the year and is appreciated.

In conclusion, it is with pleasure that I record the interest and loyal support of my Deputy, Dr. N. M. Brook, members of my staff, and the chief officials of the Borough; also the continued support of the chairman and members of the Health and Education Committees and the Special Services (Education) Sub-Committee which has been, as in the past, an encouragement throughout the year.

G. T. MacCULLOCH.

Medical Officer of Health. Principal School Medical Officer.

HEALTH COMMITTEE

Councillor Dr. D. Brown, C.B.E. Chairman

Alderman R. J. ROGERSON Deputy Chairman

HIS WORSHIP THE MAYOR (Alderman H. GEE)

Alderman T. A. CAIN, J.P. Councillor E. EDWARDS

Alderman T. E. Dooley Councillor Dr. C. M. Harris

Alderman J. C. Hevey Councillor Mrs. D. L. Holden

Councillor A. Baker Councillor Mrs. I. Parker

Councillor E. A. Bevins Councillor C. B. Weights

Councillor D. W. Brown Councillor Dr. J. A. Wethered

Councillor Dr. Y. E. ZAKI (deceased 1st March 1969)

Co-Opted Members

Representatives of the Bootle Local Medical Committee:

Dr. P. W. DAVIES

Dr. N. D. WALKER

Representative of the Bootle Local Dental Committee:

Mr. S. F. CALLAGHAN

Representative of the Bootle Pharmaceutical Committee:

Mr. F. G. HIGHAM

Representative of the North Liverpool Hospital Management Committee: Mrs. M. M. Kelly, M.B.E., J.P.

EDUCATION COMMITTEE

Councillor J. F. Borrows

Councillor Mrs. M. E. CHARNOCK

His Worship the Mayor (Alderman H. Gee)

Alderman H. BAIRD

Alderman T. A. CAIN, J.P.

Alderman O. Ellis, M.B.E.

Alderman G. HALLIWELL, J.P.

Alderman A. S. Moore, J.P.

Alderman F. P. Morris, J.P. Alderman R. J. Rogerson

Councillor Mrs. L. A. ASHCROFT

Councillor A. BAKER

Councillor E. A. Bevins Councillor E. Edwards

Councillor Mrs. A. I. HALLIWELL

Councillor J. T. HANNAWAY

Chairman

Deputy Chairman

Councillor B. HILLEN

Councillor Mrs. D. L. HOLDEN

Councillor W. E. HULM, J.P.

Councillor F. P. A. Leonard

Councillor J. MAHON

Councillor J. MARRAY, J.P.

Councillor F. Y. MOLYNEUX

Councillors Mrs. I. PARKER

Councillor D. PATRICK

Councillor T. I. PERCY

Councillor C. B. WEIGHTS

Councillor Mrs. M. F. WEIGHTS

Councillor T. C. WOLFENDEN

Co-Opted Members

Dr. G. A. Pitt, b.sc., a.r.i.c.

Mr. E. PIKE, B.A.

Very Rev. Dean T. WINDER

Rev. R. E. DENNIS, M.A.

Rev. J. A. WILSON, B.D. Rev. H. O. DONOGHUE Miss M. F. MORLEY, J.P.

Special Services (Education) Sub-Committee

Councillor F. P. A. LEONARD Chairman

Councillor Mrs. M. E. CHARNOCK Deputy Chairman

THE MAYOR, CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COM-MITTEE (ex-officio)

Alderman H. BAIRD

Alderman T. A. CAIN, J.P.

Alderman O. Ellis, M.B.E.

Alderman F. P. Morris, J.P.

Councillor Mrs. L. A. ASHCROFT

Councillor A. BAKER

Councillor E. A. BEVINS

Councillor Mrs. A. I. HALLWIELL

Councillor W. E. HULM, J.P.

Councillor J. MARRAY, J.P.

Councillor T. I. PERCY

Councillor T. C. WOLFENDEN,

J.P.

STAFF

Medical Officer of Health and Principal School Medical Officer:

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

Medical Officers in Department

Medical Officers in Department (Part-time)

Principal School Dental Officer:

School Dental Officer:

School Dental Officer (Part-time):

Chest Physician (Joint Appointment):

Visiting Specialists:

Oplithalinic Surgeon

Aural Surgeon:

Orthopaedic Surgeon:

Public Analyst:

Chiropodist (part-time):

Chief Public Health Inspector:

Deputy Chief Public Health Inspector:

Public Health Inspectors:

Pupil Public Health Inspectors:

Principal Administrative Assistant:

Domestic Help Organiser:

Deputy Domestic Help Organiser:

Ambulance Supervisor:

Health Visitors:

Superintendent Health Visitor and

School Nurse:

Deputy Superintendent:

Senior Health Visitor;

as at 31st December, 1969

G. T. MACCULLOCH, M.B., Ch.B., D.P.H.

M. M. REGAN, M.B., Ch.B., D.P.H. (Resigned 26.1.69)

N. M. Brook, M.B., Ch.B., D.P.H. (Appointed 29.9.69)

B. Hughes, M.B., Ch.B.

R. M. EYRE, M.B., Ch.B., D.C.H., D.OBST. R.C.O.G. (Appointed 1.9.69)

M. Evans, M.B., Ch.B.

J. FRAZER, M.B., Ch.B.

M. E. MURPHY, M.B., Ch.B., D.OBST., R.C.O.G.

M. O'SHEA, M.B., Ch.B., D.R.C.OG. (Resigned 24.10.69)

A. R. UNSWORTH, M.B., Ch.B.

E. PARRY, M.B., Ch.B.

D. N. Maxfield, L.D.S.

V. Brayshaw, B.D.S. (Resigned 17.8.69)

M. Birkenhead, B.D.s. (Resigned 4.7.69)

S. Kalinsky M.B., Ch.B.

E. ALLEN, M.B., Ch.B.

F. BAUER, F.R.C.S. Edin., D.L.O.

F. C. DWYER, M.B., ChB., FRCS., M.Ch. Orth.

J. F. CLARK, MSC., D.I.C., F.R.I.C.

J. WATERS, M.Ch.S., S.R.Ch. (Appointed full-time 1.10.69)

H. Parsonage, f.r.s.h., m.a.p.h.i..

A. DOWNIE, M.A.P.H.I.

H. G. BARNES

J. BUCKLEY

B. Caulfield (Resigned 1.9.69)

I. P. GLISTER (Resigned 1.8.69)

S. Hesketh

L. J. JONES
P. LLOYD (Transferred to Management Service Unit) 31.3.69

W. J. MASON

2 Vacancies.

J. BATSTONE

M. Brennan (Appointed 29.9.69)

A. N. WINSHIP.

E. LANDER

M. JOHNSON

T. SLATER.

V. A. BENSON

P. STEWART

M. T. DONOHOE

STAFF—continued

Student Health Visitor:

Tuberculosis Visitors:

Clinic Nurses:

School Nurses:

Health Visitors:

N. CLARKE (Appointed 17.3.69) E. GROGAN (Part-time) (Resigned 22.7.69)

М. Номе

E. Joyce (Part-time)
M. B. Kewley

M. H. PEARCEY (Part-time)
J. M. Sephton (Appointed 12.9.69)

R. TORRANCE 4 Vacancies.

J. M. SEPHTON-to 11.9.69

P. EVANS M. SKYNER I. CRAIG K. SHERRY

E. M. CROCKER

N. EVANS (Appointed 29.9.69)
M. T. GAVIN
G. F. HEALEY
B. F. MCKENDRICK (Resigned 31.8.69)
S. RECK
M. E. RICE

Municipal Midwives:

Non-Medical Supervisor:

Deputy Non-Medical Supervisor:

Senior Midwife:

Midwives:

W. Worthington

D. SMITH

M. W. DREWERY M. E. CHAMBERLAIN

C. DEMPSTER M. DOYLE M. Evans J. GORDON

L. LINACRE M. Morris M. Mossman

4 Vacancies full-time 5 Vacancies part-time

District Nurses:

Superintendent:

Deputy Superintendent:

Senior District Nurse:

District Nurses:

E. I. Dodds

E. GORDON (part-time)

J. G. SCOTT

S. BENTLEY

E. V. Cutler (Resigned 30.9.69)
E. Holmes

K. MALONE

D. E. McGiveran (Part-time, appointed 17.11.69)

O. MERRIFIELD (Retired 31.10.69)
M. MORLEY (Appointed 17.11.69)
M. QUINN

I. Rowland (Resigned 31.12.69)

F. SHARP J. SILCOCK

N. J. STANTON

A. STYERS

E. C. THOMPSON H. WRIGHT 1 Vacancy.

STAFF—continued

Mental Welfare Officers:

Part-time Assistant:

St. Lnkes Junior Training Centre: Supervisor:

Deputy Supervisor: Assistant Supervisors:

Student Assistant Supervisors:

Adult Training Centre: Manager:

Deputy Manager:

Instructors:

Caretaker/Gardener:

Clerk:

Clerical Staff:

Administration Section:

Chief Clerk: Senior Clerk:

Clerks:

Shorthand/Typist:

Public Health Inspectors Section:

Senior Clerk: Clerks:

Shorthand/Typist

G. FOSTER, R.M.N., R.M.P.A., SEN. J. A. D. GROUNDS, R.M.N., R.M.P.A. D. K. W. HIGGINS, S.R.N., R.M.N., R.M.P.A.

M. MULLEN, R.M.P.A.

J. EDWARDS, Dip. N.A.M.H., Dip. C.T.C.,

P. PETERSON, Dip. N.A.M.H., Dip. C.T.C.

M. FRY, Dip. c.t.c.

P. GIVENS

J. Rowe, Dip. N.A.M.H., Dip. C.T.C. (Resigned 1.9.69)

V. WILKINSON, Dip. C.T.C.

D. A. WILLIAMS (Appointed 2.12.69) V. WYCHERLEY Dip. N.A.M.H., Dip. C.T.C. (Resigned 30.9.69)

1 Vacancy.

M. M. Floyd (Appointed 6.10.69) C. Jones (Resigned 31.8.69) F. B. Makin (Appointed 8.11.69) M. A. Tabern (Resigned 19.9.69)

J. Tuft, Dip. c.t.c. (Appointed 22.9.69) C. E. Wilson, Dip. N.A.M.H., Dip. c.t.c. (Resigned 2.9.69)

A. Buttery, Dip. N.A.M.H., Dip. C.T.C. (Resigned 31.7.69)

Re-appointed 24.11.69.

J. Tuft, Dip. c.t.c. Appointed 1.8.69—21.9.69.

C. BAGSHAW

J. CORBETT
V. SLATER
K. C. TAYLOR
J. TUFT, Dip. c.t.c.—31.7.69.

1 Vacancy.

F. HAND

A. SHORT (Resigned 30.11.69.)

G. MURPHY

D. M. LATIMER

A. K. Bell (resigned 6.4.69)

B. Costello A. M. Girvan

O. GRIFFITHS
A. M. KELLY (Appointed 26.5.69)
M. E. LANE (Resigned 27.4.69)

V. OWENS (Appointed 30.6.69)

A. PARR

C. V. DOUGLAS

H. H. HOSKINSON

N. CLOTHIER

E. PRICE (Resigned 14.2.69)

B. Rushton (Appointed 4.8.69)

E. Allinson

STAFF—continued

School Medical Service:

Clerk in charge:

Clerks:

Dental Attendants:

D. Green (Retired 31.8.69)

D. BERNARD E. M. DUNFORD M. MARTIN J. WYLIE

C. E. BOHAN (Resigned 30.6.69) V. HORROCKS (Resigned 1.4.69) J. LAMBERT (Appointed 2.6.69) H. SHARP

1 Vacancy.

VITAL STATISTICS

Civilian Population (Registrar-General's estimate at mid-year	79,950
1969)	82,773
Area in Acres (exclusive of river bed)	3,329
Inhabited Houses (end 1969) according to rate books	21,519
Uninhabited Houses (end 1969) according to rate books	283
Live Births:	205
Number	1,394
Rate per 1,000 population	17.44
Illegitimate Live Births, per cent of total live births	7.03
Stillbirths:	
Number	21
Rate per 1,000 total live and still births	14.84
Total Live and Stillbirths	1,415
Infant Deaths (deaths under 1 year)	30
Infant Mortality Rates:	
Total Infant Deaths per 1,000 total live births	21.52
Legitimate Infant Deaths per 1,000 legitimate live births	21.60
Illegitimate Infant Deaths per 1,000 illegitimate live births	20.41
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total	
live births)	15.06
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	12.91
Perinatal Mortality Rate (stillbirths and deaths under 1 week	12 /1
combined per 1,000 total live and stillbirths)	28 · 27
Maternal Mortality	
Number of deaths	_
Rate per 1,000 total live and stillbirths	
Total Dooth	770
Total Deaths	779
Death Rate (per 1,000 population)	9.74
Number of deaths from Respiratory Tuberculosis	3
Death Rate from Respiratory Tuberculosis (per 1,000 popula-	0.027
tion)	0.037
Number of deaths from all forms of Tuberculosis	3
Death Rate from all forms of Tuberculosis (per 1,000 population)	0.037
Area Comparability Factors—Births—0.90, Deaths—1.69.	
Calculated on these factors, the	
Death Rate (per 1,000 population) is 16.46. Birth Rate (per 1,000 population) is 15.70.	
(Fit 1,000 population) to 10	

The Rateable Value of the Borough as at 1st April, 1969, was £3,103,967

The Estimated Product of a Penny Rate for 1969-70, was ... £12,885

In 1969-70 the General Rate (excluding water rate and charges) was 15s. 0d. in the £

The cost of the Health Services during 1969/70 was estimated at £311,010

Equivalent to a Rate of 2s. 0·14d. in the £

COMPARISON OF STATISTICS WITH THOSE OF PREVIOUS YEARS

Population

The Census returns from the year 1881 show the population of the Borough as follows:—

1881	•••	•••	•••	•••	•••	•••	27,374
1891	•••		•••	•••	•••	•••	49,217
1901	•••	•••	•••	•••	•••	•••	58,556
1911	•••	•••	•••	•••	•••	•••	69,876
1921	•••	•••	•••	•••	•••	•••	76,487
1931	•••	•••	•••	•••	•••	•••	76,800
1951	•••	•••	•••	•••	•••	•••	74,977
1961	•••	•••	• • •	• • •	•••	•••	82,773

The Registrar-General's estimate of the civilian population at midyear was 79,950. This estimate shows that the population of the Borough in 1969 was 150 more than in the summer of 1968.

Marriages

The Superintendent Registrar states that the number of marriages during the year was 618 compared with 691 last year.

Births

During the year 1,394 live births were registered, representing a birth rate of 17.44 per 1,000 of the population, that for England and Wales being 16.3. There were 724 male and 670 female births. Of the live births recorded, 98 were illegitimate.

BIRTH RATES, 1901—1969

DEATH RATES, 1901—1969

| Deaths Rate | 400 | 470 | 336 | 212 | 019 | 087 | 877 | 901 | 134 | 700 | 730 | 703

 | 811 | 775 | 813
 | 771 | 816 | 180 | 773 | 191 | 180 | 754
 | 761 | 755 | 179
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| Total | 11, | 12, | 10, | 5, | | | ,
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| rerioa | 1901—1910 | 1911—1920 | 1921—1930 | | | | | | 1952 | 1933 | 1955 | 9561

 | 1957 | 1958 | :
 | : | 1961 | | | | | 9961
 | 1967 | 1968 | 6961
 | | | | | |
| Rate per 1,000 | 27.2 | 21.8 | 18.4 | 15.0 | 14.9 | 16.0 | 19.1 | 20.5 | 17.9 | 16.7 | 15.8 | 15.5

 | 15.3 | 15.5 | 15.2
 | 15.0 | 15.8 | 16.1 | 16.4 | 16.5 | 17.1 | 17.4
 | 18.0 | 18.2 | 18.4
 | 18.1 | 17.7 | 17.2 | 16.9 | 16.3 |
| Rate per 1,000 | 32.3 | 27.6 | 22.8 | 21.8 | 21.6 | 25.2 | 27.9 | 30.3 | 24.5 | 22.0 | 22.6 | 20.8

 | 20.3 | 50.9 | 21.6
 | 20.82 | 24.09 | 23.82 | 23.85 | 23.55 | 24.17 | 24 · 10
 | 23.53 | 22.22 | 22.93
 | 20.53 | 18.80 | 17·10 | 18.07 | 17.44 |
| Live Births | 20,468 | 20,748 | 18,884 | 8,367 | 7,959 | 1,327 | 1,797 | 2,022 | 1,700 | 1,541 | 1,586 | 1,554

 | 1,528 | 1,596 | 1,662
 | 1,627 | 1,912 | 1,921 | 1,945 | 1,933 | 1,995 | 1,993
 | 1,958 | 1,852 | 1,904
 | 1,699 | 1,542 | 1,387 | 1,442 | 1 204 |
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| reriou | 0191—1910 | 1920 | 1921—1930 | 1931—1935 | 1936—1940 | 1941—1945 | 1946 | 1947 | 1948 | 1949 | 0561 | 1951

 | | 6561 |
 | 5261 | 9561 | 7261 | 8561 | 6561 | 0961 | 1961
 | 2961 | 6961 | 1961
 | 5961 | 9961 | 1961 | 8961 | 1060 |
| | Live Births Rate per 1,000 Rate per 1,000 Total Deaths | Live Births Rate per 1,000 Rate per 1,000 Total Deaths Total Deaths 11,400 Total Deaths | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1935 8,367 21·8 15·0 1931—1935 5,212 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1935 8,367 21·8 15·0 1936—1940 5,212 -1940 7,959 21·6 14·9 1936—1940 5,019 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1935 8,367 21·8 15·0 1931—1935 5,212 -1940 7,959 21·6 14·9 1941—1945 4,087 -1945 1,327 25·2 16·0 1941—1945 4,087 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1935 8,367 21·8 15·0 1931—1935 5,212 -1940 7,959 21·6 14·9 1941—1945 4,087 -1945 1,327 25·2 16·0 1946—1950 3,877 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1935 8,367 21·8 15·0 1931—1935 5,212 -1940 7,959 21·6 14·9 1941—1945 4,087 -1945 1,327 25·2 16·0 1946—1950 3,877 2,022 30·3 20·5 901 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 11,400 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,367 21·8 15·0 1931—1935 5,019 —1940 7,959 21·6 14·9 1941—1945 5,019 —1945 1,327 25·2 16·0 1946—1950 3,877 —1945 2,022 30·3 20·5 1951 1951 —1946 2,022 30·3 20·5 1952 734 —1946 1,700 24·5 17·9 17·9 17·9 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths -1910 20,468 32·3 27·2 1901—1910 11,400 -1920 20,748 27·6 21·8 1911—1920 12,470 -1930 18,884 22·8 18·4 1921—1930 10,336 -1930 18,884 22·8 18·4 1931—1935 10,336 -1940 7,959 21·6 14·9 1931—1945 10,336 -1940 7,959 21·6 14·9 1941—1945 1941—1945 -1945 1,327 25·2 16·0 1941—1945 1940 -1945 27·9 19·1 19·1 1946—1950 3,877 -1945 27·9 19·1 1951 1952 734 -1945 27·9 17·9 1952 734 -1945 117·9 19·5 1953 734 -1945 117·9 19·5 19·5 19·5 -1945 11 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 8,367 21·8 15·0 1931—1935 10,336 —1940 7,959 21·6 14·9 1936—1940 5,019 —1945 1,327 25·2 16·0 1946—1945 4,087 —1945 1,327 27·9 19·1 1946—1945 3,877 —1945 1,797 27·9 19·1 1951 3,877 —1945 1,797 27·9 19·1 1951 3,877 —1945 1,700 24·5 17·9 1952 734 —1,541 22·0 16·7 1953 901 —1,586 22·6 15·8 15·8 730 —1055 <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 8,367 21·8 15·0 1931—1935 10,336 —1945 1 14·9 1931—1935 10,336 5,212 —1945 1 14·9 1941—1945 1941—1945 1940 1941—1945 —1945 1 1 1 19·1 1944—1945 1941—1945 1940</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 1,357 21·8 14·9 1940—1940 10,336 —1945 1,327 25·2 16·0 1941—1945 4,087 —1945 1,797 27·9 19·1 1941—1945 4,087 —1945 1,797 27·9 19·1 1951 1951 —1945 1,790 24·5 17·9 1952 730 —1,541 22·0 16·7 1954 703 —1,554 20·3 15·3 1957 703 —</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 18,884 22·8 18·4 1921—1930 10,336 —1945 1,327 21·8 15·0 1941—1945 10,336
 —1945 1,327 25·2 16·0 1941—1945 1,4087 —1945 1,797 27·9 19·1 1941—1945 1,4087 —1945 1,797 27·9 19·1 1951 1,4087 —1945 1,790 24·5 17·9 1952 1954 1,344 —1,541 22·0 16·7 1954 1954 1,34 —1,554 20·3 15</th> <th>Live Birrhs Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 12,470 —1935 18,884 22·8 18·4 1931—1935 10,336 —1940 7,959 21·6 14·9 1931—1935 5,212 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 25·2 16·0 1946—1940 734 —1945 1,797 27·9 19·1 1951 734 —1945 1,797 27·9 19·1 1951 734 —1,541 22·0 16·7 1954 730 —1,554 20·8 15·5 1956 775 —1,556<</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1931—1935 10,336 —1940 1,327 21·6 14·9 1936—1940 10,336 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 27·9 1941—1945 4,087 —1945 1,797 27·9 1941—1945 1,946—1940 —1945 1,797 27·9 1951 1952 734 —1945 1,797 27·9 19·1 1952 734 —1,544 22·6 15·8 19·5 19·5 19·5 —1,554 20·8 15·8 19·5 19·5 —1,554</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,488 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1911—1920 10,336 —1935 18,884 22·8 18·4 1911—1920 12,470 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 7,959 21·6 14·9 1931—1935 10,336 —1945 1,327 25·2 16·0 1941—1945 4,087 —1945 1,797 27·9 19·1 1946—1950 3,877 —1945 1,797 27·9 19·1 1946—1950 3,877 ——1945 1,797 27·9 19·1 1946—1950 3,877 ——1945 1,700 24·5 17·9 1954 901 ————————————————————————————————————</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,468 27·6 21·8 1911—1920 11,400 —1930 18,844 22·8 18·4 1921—1930 11,400 —1930 18,844 22·8 18·4 1931—1935 11,400 —1930 18,844 22·8 18·4 1931—1930 11,400 —1940 18,844 22·8 18·4 1931—1935 10,336 —1940 1,327 22·8 16·0 1940—1940 10,336 —1940 1,327 22·2 16·0 1941—1945 1,4087 —1945 ————————————————————————————————————</th> <th>Live Births Rate per 1,000 Rate per 1,000 Tentua Total Deaths -1910 20,468 32-3 27-2 1901—1910 11,400 -1920 20,748 27-6 21-8 1911—1920 11,470 -1930 18,884 27-8 18-4 1921—1930 10,336 -1930 1,8884 27-8 18-4 1921—1930 10,336 -1940 1,884 27-8 18-4 1921—1930 10,336 -1945 1,327 25-2 16-0 1940—1945 10,336 -1945 1,327 25-2 16-0 1940—1945 10,337 -1945 1,327 27-9 19-1 1940—1945 3,877 -1945 1,770 24-5 16-0 1940—1945 3,877 -1946 1,770 24-5 17-9 1951 3,877 -1,541 22-6 16-7 1954 1954 1954 -1,548 22-6 15-8 1954 1954</th> <th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 18-4 1911—1920 12,470 —1930 18,894 22-8 18-4 1921—1930 10,336 —1940 7,959 21-6 14-9 1931—1935 10,336 —1945 1,327 25-2 16-0 1934—1945 10,336 —1945 1,327 25-2 16-0 1946—1950 10,336 —1945 1,797 27-9 19-1 1946—1950 3,877 —1945 1,797 27-9 19-1 1951 3,877 —1945 1,709 24-5 17-9 1954 3,877 —1945 1,541 22-0 16-7 1954 3,877 ————————————————————————————————————</th> <th>Live Births Rate per 1,000 Rate per 1,000 Tentod Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,468 32-3 27-2 1911—1920 11,400 —1920 18,884 22-8 18-4 1921—1930 12,470 —1930 18,884 22-8 18-4 1921—1930 10,336 —1940 7,959 21-6 14-9 1931—1935 2,212 —1940 1,327 25-2 16-0 1946—1946 10,336 —1940 1,327 25-2 16-0 1946—1945 10,337 —1945 1,327 25-2 16-0 1946—1945 10,387 —1945 1,797 27-9 19-1 1941—1945 4,087 —1945 1,797 27-9 19-1 1941—1945 4,087 —1945 1,797 27-9 19-1 1941—1945 4,087 —1,545 2,022 30-3 20-5 15-5<!--</th--><th>Live Births Rate per 1,000 Rate per 1,000 Tentod Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 1911—1920 12,470 —1930 18,884 22-8 18-4 1921—1930 10,336 —1930 18,884 22-8 18-4 1921—1930 10,336 —1930 1,357 21-6 14-9 1921—1930 10,336 —1945 1,327 22-2 16-0 1946—1940 10,336 —1945 1,797 27-9 19-1 1946—1940 10,338 —1945 1,797 27-9 19-1 1946—1940 10,338 —1945 1,797 27-9 19-1 19-1 19-1 19-1 —1945 1,790 27-2 16-0 19-4 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1</th><th>Live Births Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 191—1920 12,470 —1930 18,884 27-6 21-8 191—1930 10,336 —1935 1,836 21-8 18-4 1931—1935 10,336 —1940 1,959 21-6 14-9 1934—1945 10,336 —1945 1,737 25-2 16-0 1944—1945 4,087 —1945 1,737 27-9 19-1 1944—1945 4,087 —1945
1,737 27-9 19-1 1946—1950 3,877 —1945 1,797 27-9 19-1 1946—1950 3,877 —1945 1,797 27-9 19-1 1946—1950 3,877 —1945 1,797 27-9 19-1 1957 4,087 —1,534 22-6 16-0 1954 773 —</th><th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 1911—1920 12,470 —1930 18,884 22-8 18-4 1911—1930 12,470 —1930 18,884 22-8 18-4 1931—1930 10,336 —1930 1,327 21-8 15-0 1941—1930 10,336 —1940 1,327 22-8 16-0 1941—1945 10,337 —1940 1,327 22-2 16-0 1941—1945 10,337 —1940 1,797 27-9 19-1 1941—1945 1,387 —1945 1,797 27-9 19-1 1941—1945 1,387 ————————————————————————————————————</th><th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 11,400 —1930 18.84 22·8 18·4 1911—1920 10,336 —1930 18.884 22·8 18·4 1911—1920 11,400 —1930 18.84 22·8 18·4 1911—1920 10,336 —1940 7.599 21·8 18·4 1931—1935 5,012 —1945 1,327 25·2 16·0 1946—1950 4,087 —1945 1,700 24·5 17·9 1946—1950 3,877 —1945 1,700 24·5 17·9 1946—1950 4,087 —1945 1,544 22·0 16·7 1946—1950 773 —1,545 22·0 16·7 1952 773 —1,558 20·3 15·5 1956 771</th><th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 191—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 12,470 —1935 1,327 21·8 15·0 1936—1940 10,336 —1945 1,327 21·8 15·0 1936—1940 5,019 —1945 1,327 27·2 16·0 1946—1945 10,336 —1945 1,777 27·2 16·0 1946—1945 10,337 —1945 1,777 27·2 16·0 1946—1945 3,877 —1945 1,777 27·3 20·5 16·0 1951 1946—1950 3,877 —1945 1,534 22·3 16·7 1951 1952 3,877 —1945 1,554 20·3 15·5 1954 1954 1954 —1,554</th><th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 1911—1920 12,470 —1930 18,884 22-8 18-4 1921—1930 10,336 —1945 1,327 21-8 15-0 1940 10,336 —1945 1,327 25-2 16-0 1946—1940 10,336 —1945 1,327 25-2 16-0 1946—1940 3,877 —1945 1,327 25-2 16-0 1946—1940 3,877 —1945 1,327 25-2 16-0 1946—1950 3,877 —1945 1,797 27-9 19-1 1941—1945 3,877 —1945 1,797 27-9 19-1 1952 3,877 —1541 22-6 16-7 1952 3,877 —1542 20-3 15-5 1952 3,877 <td< th=""><th>Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 1911—1920 12,470 —1930 3,748 27-8 18-4 1921—1930 10,336 —1940 7,939 21-6 14-9 1931—1930 10,336 —1940 7,939 21-6 19-1 1930 5,012 —1940 7,939 21-6 19-1 1934 5,019 —1945 1,327 25-2 16-0 1944—1945 7,040 —1940 1,327 25-2 16-0 1944—1945 7,040 —1945 1,797 27-6 19-1 19-1 3,017 —1946 1,797 27-6 19-1 19-1 4,087 —1946 1,797 27-6 19-1 19-1 19-1 19-1 —1947 1,54 27-6 15-8 19-1</th><th>Live Birnlis Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32.3 27.2 1901—1920 11,400 —1920 20,748 27.6 21.8 191—1920 11,400 10,336 —1930 18,884 22.8 18.4 1921—1930 10,336 5,212 —1935 1,327 21.6 14.9 19.0 1940—1940 10,336 —1945 1,327 25.2 16.0 1941—1945 10,337 30.1 —1945 1,727 27.9 19-1 1944—1940 3,877 30.1 —1945 1,737 27.9 19-1 1944—1940 3,877 30.1 —1945 1,737 27.9 19-1 1944—1940 3,877 30.1 —1945 1,739 22.0 16.0 1944—1940 3,877 30.1 —1945 1,544 22.6 15.8 1951 9,94 3,877 —1,544 1,554 20.8 15.2</th></td<></th></th> | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 8,367 21·8 15·0 1931—1935 10,336 —1945 1 14·9 1931—1935 10,336 5,212 —1945 1 14·9 1941—1945 1941—1945 1940 1941—1945 —1945 1 1 1 19·1 1944—1945 1941—1945 1940 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 1,357 21·8 14·9 1940—1940 10,336 —1945 1,327 25·2 16·0 1941—1945 4,087 —1945 1,797 27·9 19·1 1941—1945 4,087 —1945 1,797 27·9 19·1 1951 1951 —1945 1,790 24·5 17·9 1952 730 —1,541 22·0 16·7 1954 703 —1,554 20·3 15·3 1957 703 — | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 18,884 22·8 18·4 1921—1930 10,336 —1945
1,327 21·8 15·0 1941—1945 10,336 —1945 1,327 25·2 16·0 1941—1945 1,4087 —1945 1,797 27·9 19·1 1941—1945 1,4087 —1945 1,797 27·9 19·1 1951 1,4087 —1945 1,790 24·5 17·9 1952 1954 1,344 —1,541 22·0 16·7 1954 1954 1,34 —1,554 20·3 15 | Live Birrhs Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 12,470 —1935 18,884 22·8 18·4 1931—1935 10,336 —1940 7,959 21·6 14·9 1931—1935 5,212 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 25·2 16·0 1946—1940 734 —1945 1,797 27·9 19·1 1951 734 —1945 1,797 27·9 19·1 1951 734 —1,541 22·0 16·7 1954 730 —1,554 20·8 15·5 1956 775 —1,556< | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,748 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1921—1930 10,336 —1935 18,884 22·8 18·4 1931—1935 10,336 —1940 1,327 21·6 14·9 1936—1940 10,336 —1945 1,327 25·2 16·0 1946—1940 5,019 —1945 1,327 27·9 1941—1945 4,087 —1945 1,797 27·9 1941—1945 1,946—1940 —1945 1,797 27·9 1951 1952 734 —1945 1,797 27·9 19·1 1952 734 —1,544 22·6 15·8 19·5 19·5 19·5 —1,554 20·8 15·8 19·5 19·5 —1,554 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,488 27·6 21·8 1911—1920 12,470 —1930 18,884 22·8 18·4 1911—1920 10,336 —1935 18,884 22·8 18·4 1911—1920 12,470 —1935 18,884 22·8 18·4 1921—1930 10,336 —1940 7,959 21·6 14·9 1931—1935 10,336 —1945 1,327 25·2 16·0 1941—1945 4,087 —1945 1,797 27·9 19·1 1946—1950 3,877 —1945 1,797 27·9 19·1 1946—1950 3,877 ——1945 1,797 27·9 19·1 1946—1950 3,877 ——1945 1,700 24·5 17·9 1954 901 ———————————————————————————————————— | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32·3 27·2 1901—1910 11,400 —1920 20,468 27·6 21·8 1911—1920 11,400 —1930 18,844 22·8 18·4 1921—1930 11,400 —1930 18,844 22·8 18·4 1931—1935 11,400 —1930 18,844 22·8 18·4 1931—1930 11,400 —1940 18,844 22·8 18·4 1931—1935 10,336 —1940 1,327 22·8 16·0 1940—1940 10,336 —1940 1,327 22·2 16·0 1941—1945 1,4087 —1945 ———————————————————————————————————— | Live Births Rate per 1,000 Rate per 1,000 Tentua Total Deaths -1910 20,468 32-3 27-2 1901—1910 11,400 -1920 20,748 27-6 21-8 1911—1920 11,470 -1930 18,884 27-8 18-4 1921—1930 10,336 -1930 1,8884 27-8 18-4 1921—1930 10,336 -1940 1,884 27-8 18-4 1921—1930 10,336 -1945 1,327 25-2 16-0 1940—1945 10,336 -1945 1,327 25-2 16-0 1940—1945 10,337 -1945 1,327 27-9 19-1 1940—1945 3,877 -1945 1,770 24-5 16-0 1940—1945 3,877 -1946 1,770 24-5 17-9 1951 3,877 -1,541 22-6 16-7 1954 1954 1954 -1,548 22-6 15-8 1954 1954 | Live Births Rate per 1,000 Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 18-4 1911—1920 12,470 —1930 18,894 22-8 18-4 1921—1930 10,336 —1940 7,959 21-6 14-9 1931—1935 10,336 —1945 1,327 25-2 16-0 1934—1945 10,336 —1945 1,327 25-2 16-0 1946—1950 10,336 —1945 1,797 27-9 19-1 1946—1950 3,877 —1945 1,797 27-9 19-1 1951 3,877 —1945 1,709 24-5 17-9 1954 3,877 —1945 1,541 22-0 16-7 1954 3,877 ———————————————————————————————————— | Live Births Rate per 1,000 Rate per 1,000 Tentod Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,468 32-3 27-2 1911—1920 11,400 —1920 18,884 22-8 18-4 1921—1930 12,470 —1930 18,884 22-8 18-4 1921—1930 10,336 —1940 7,959 21-6 14-9 1931—1935 2,212 —1940 1,327 25-2 16-0 1946—1946 10,336 —1940 1,327 25-2 16-0 1946—1945 10,337 —1945 1,327 25-2 16-0 1946—1945 10,387 —1945 1,797 27-9 19-1 1941—1945 4,087 —1945 1,797 27-9 19-1 1941—1945 4,087 —1945 1,797 27-9 19-1 1941—1945 4,087 —1,545 2,022 30-3 20-5 15-5 </th <th>Live Births Rate per 1,000 Rate per 1,000 Tentod Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 1911—1920 12,470 —1930 18,884 22-8 18-4 1921—1930 10,336 —1930 18,884 22-8 18-4 1921—1930 10,336 —1930 1,357 21-6 14-9 1921—1930 10,336 —1945 1,327 22-2 16-0 1946—1940 10,336 —1945 1,797 27-9 19-1 1946—1940 10,338 —1945 1,797 27-9 19-1 1946—1940 10,338 —1945 1,797 27-9 19-1 19-1 19-1 19-1 —1945 1,790 27-2 16-0 19-4 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1 19-1</th> <th>Live Births Rate per 1,000 Rate per 1,000 Total Deaths —1910 20,468 32-3 27-2 1901—1910 11,400 —1920 20,748 27-6 21-8 191—1920 12,470 —1930 18,884 27-6 21-8 191—1930 10,336 —1935 1,836 21-8 18-4 1931—1935 10,336 —1940 1,959 21-6 14-9 1934—1945 10,336 —1945 1,737 25-2 16-0 1944—1945 4,087 —1945 1,737 27-9 19-1 1944—1945 4,087
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Doring	~	BOC	BOOTLE	England & Wales
7 6110	3	Total Deaths	Rate per 1,000	Rate per 1,000
1901—1910	:	11,400	17.8	15.4
1911—1920	:	12,470	17.1	14.3
1921—1930	:	10,336	13.5	12.1
1931—1935	:	5,212	13.5	12.0
1936—1940	:	5,019	13.8	12.5
1941—1945	:	4,087	15.6	11.9
1946—1950	:	3,877	11.4	11.5
1951	:	901	12.0	12.5
1952	:	734	7.6	11.3
1953	:	602	7-89	11.4
1954	:	685	8.91	11.3
5561	:	730	9.34	11.7
9561	:	703	98.8	11.7
1957	:	811	10.06	11.5
8561	:	775	9.50	11.7
6561	:	813	06.6	11.6
1960	:	177	9.34	11.5
1961	:	816	9.87	12.0
1962	:	780	9.37	11.9
1963	:	773	9.28	12.2
1964	:	191	9.24	11.3
1965	:	780	9.43	11.5
1966	:	754	9.20	11.7
1967	:	761	9.32	11.2
8961	:	755	9.46	11.9
6961	:	<i>PLL</i> 179	9.74	11.9

Causes of Death

The causes of death, classified according to age, are shown in the table on page 20.

Communicable Diseases

There were two deaths from Enteritis recorded during the year. There were no deaths from diphtheria, smallpox, chicken pox, measles, scarlet fever, whooping cough, or any other infectious disease.

Respiratory Diseases

Pneumonia was responsible for 52 deaths, bronchitis for 68 and other respiratory diseases for 8, making the total deaths from respiratory diseases (excluding influenza and tuberculosis) 128. This amounts to $16\cdot43$ per cent of the total deaths at all ages, as compared with $15\cdot23$ per cent in 1968. There were 2 deaths from influenza.

Cancer

Cancer was registered as the cause of death in 172 cases, as compared with 141 in the preceding year. This represents a cancer death rate of 2·15 per 1,000 of the population as compared with 1·77 during the year 1968.

Violent Causes

There were 37 deaths from violent causes (including 8 from road traffic accidents and 5 from suicide).

Neo-Natal Mortality

21 children died before reaching the age of one month, of whom 18 died during the first week of life. This gives a neo-natal mortality rate of 15.46 per 1,000 births.

Infant Mortality

There were 30 deaths of infants under the age of one year, compared with 29 in 1968. The infant mortality rate was 22.09 per 1,000 births compared with 20.11 in 1968.

The rate of infant mortality in males was 15.47 and in females 6.63 per 1,000 live births.

Throughout England and Wales the rate of infant mortality was 18.0 per 1,000 births.

The rate of infant mortality in legitimate infants was 22.30 and in illegitimate infants was 20.41 per 1,000 live births.

The causes of infant death were:—Enteritis 1, Bronchitis and Emphysema 1, pneumonia 2, congenital Abnormalities 3, Birth Injury or difficult labour 7, Other diseases of digestive system 1, Other diseases of respiratory system 4, Other causes of peri-natal mortality 9, intestinal obstruction and hernia 1, Other Accidents 1.

INFANT MORTALITY RATE—BOOTLE COMPARED WITH ENGLAND AND WALES

Ye	ars		BOOTLE	England & Wales
1916–20		•••	103	91
1921–25			91	76
1926–30		•••	89	68
1931–35		• • •	87	62
1936–40		•••	74	55
1941–45			77.2	49.8
1946	•••		75	43
1947			91.5	41
1948			54·1	34
1949	•••		54.5	32
1950			47 · 3	29.8
1951			39.9	29.6
1952			43.2	27.6
1953	•••		28.8	26.8
1954	•••		37.3	25 · 5
1955	•••		28.8	24.9
1956			28 · 24	23 · 8
1957	•••		26.55	23 · 1
1958	•••		31.36	22.6
1959	•••		35.18	22.0
1960			32.58	21.9
1961	•••	• • •	33·12	21 · 6
1962			28.09	21.6
1963			34.56	20.9
1964	•••		27 · 31	20.0
1965	•••	•••	19 • 42	19.0
1966			22.05	19.0
1967	•••		20.91	18.3
1968			20.11	18.0
1969	•••		21.52	18.0

A tabular statement of the causes of death of children under the age of one year is given on page 21.

Deaths of Children aged 1-5 Years

There were eight deaths of children aged 1-5 years and 3 in 1968. The causes of death were as follows:—Enteritis 1, Leukaemia 1, Bronchitis and Emphysema 1, Congenital Anomolies 1, Motor Vehicle Accidents 1, Other Accidents 3.

Maternal Mortality

No maternal deaths were reported during the year.

Inquests

Inquests were held on 36 deaths.





TABLE OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1969

CAUSES OF DEATH Age A words A words A words A words Age Age				B 4 4 6 6 6 5 B E 4 4 6 6 6 6 5 B E 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		CODE		
			TOTALS	Enteritis & other diarrhoeal diseases Tuberculosis of respiratory system Malignant Neoplasm—oesophagus —intestine —intestine —larynx —larynx —larynx —leukaemia —breast —other Benign & unspecified neoplasms Diabetes mellitus Anaemias Chronic rheumatic heart disease Ischaemic heart disease Cerebrovascular disease Ischaemic heart disease Cerebrovascular disease Influenza Pneumonia Preumonia Preptic ulcer Intestinal obstruction and hernia Cirrhosis of liver Nephritis and nephrosis Nephritis and nephrosis Nephritis and ill defined conditions other causes of perinatal mortality Symptoms and ill defined conditions other endoctrine etc. diseases Mental disorders Other Diseases of nervous system, etc. Other Diseases of musculo-skeletal system Suidice & self-inflicted injury All other external causes All other external causes All other external causes		CAUSES OF DEATH		
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		235				80		

INFANT MORTALITY, 1969.—CAUSES OF DEATH.

Total Deaths under One Year	-	2	-	-	Э	7	6	4	-	-	30
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bno shinom E rshinom 8 shinom 3		_	1	ı	1	I		_	Ì	l	2
s months hweeks and				1	-	1	1	ĸ	-		9
Total under 4 weeks	-	ı	1		ĸ	7	6	1	I	I	21
3—4 meeks	_	1	1	1	1	1	1	I		1	
5—3 меекs	1	-		1	1	I	ı	1	1	1	I
1—2 weeks			1		1	_		1	1		1
уээм ГлэриЛ	1	1	1	-	3	9	6	1	1	1	19
	:	:	:	:	:	:	:	:	:	÷	:
CAUSES OF DEATH	Enteritis & Other Diarrhoeal Diseases	Pneumonia	Bronchitis and Emphysema	Intestinal Obstruction and Hernia	Congenital Anomalies	Birth Injury, Difficult Labour, etc.	Other Causes of Peri-Natal Mortality	Other Diseases of Respiratory System	B 46 (7) Other Diseases of Digestive System	All Other Accidents	TOTALS
	Ente	ner _C	3ro	nte	O	3ir	=======================================)t	=======================================	7	

Personal Health Service

Care of Mothers & Young Children

Municipal Midwifery Service

Health Visiting Service

Home Nursing Service

Vaccination & Immunisation

Ambulance Service

Prevention of Illness(Care & After Care)

Health Education

Home Help Service

Mental Health Service

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

TT.	The number						n 203	of the	Public
Hea	alth Act. (Tot	ai diru	is ill ti	ie bore	ougn):-	_			
	Live Births	• • •	•••					• • •	594
	Still Births	•••		•••	• • •		• • •	•••	2
	Included in	the abo	ve figu	res we	re birth	is in th	e Boro	ugh to	outside
resi	idents:—							Ü	
	Live Births								272
	Still Births						•••		1
	Total births	to Boo	tle mot	thers	born in	the Bo	orough	:	
	Live Births					•••			322
	Still Births						•••	•••	1
	Domiciliary								
	Live Births								114
			•••	• • •		•••		•••	114
	Still Births	•••	• • •			• • •	• • •	•••	1
	Births to Bo	otle mo	thers in	hospi	tals in t	he Bore	ough:-	_	
	Live Births	•••				• • •		•••	208
	Still Births	•••							_
	Births to Boo	otle mo	thers, n	otified	from H	Iospital	s outsi	de the B	orough
	Live Births		•••	•••		•••			1074
	Still Births					• • •		• • •	20

Care of Premature Infants

Notification is made in cases where the birth weight is $5\frac{1}{2}$ lbs. or less. In the case of domiciliary confinements every effort is made to secure a separate bedroom for mother and infant, and to provide a draught-proof cot with detachable lining, suitable bedding, hot water bottles and special feeding bottles; if any of the latter requirements are not available they can be provided on loan from the Health Department.

In every case of premature birth occurring at home, close liaison is observed between the midwifery staff and the health visitors. Special reference is made by the hospital authorities to the midwifery service when premature babies are discharged from hospital. Information is given as to the child's general condition and methods of feeding, special attention being paid to these cases by the Staff. Before the midwife relinquishes responsibility, arrangements are made for the health visitor for the district to take over early supervision.

The following notifications of premature live births to mothers ordinarily resident in the Borough were received:—

Hospital (including Bootle Maternity	Home)	•••	•••	•••	110
Home and Private Nursing Home	•••				1

111

Public Health (Ophthalmia Neonatorum) Regulations 1926-1937.

There was no case of Ophthalmia Neonatorum notified during the year.

Ante Natal Clinics

Four Ante-Natal Clinics were held each week. During the year 182 new cases attended, corresponding to 13.21 per cent of the total live and stillbirths; in addition, 31 cases carried over from the preceding year continued under supervision, and a total of 933 attendances were made. It should be noted that Bootle patients intending to enter Walton/Fazaker-ly Hospitals for confinement usually attend the Ante-Natal clinic held at that Hospital.

Relaxation and Mothercraft Clinic

This is a combined effort on the part of the midwife and the health visitor. Both demonstrate and supervise the exercises. Each gives talks on the subjects related to their individual field of work. The talks are simple and are given in a relaxed atmosphere, usually over a cup of tea.

In her talks the midwife deals with the development of the foetus; the process of labour; bathing the baby; diet during pregnancy; and the layette. The health visitor on the other hand deals with infant feeding; normal infant development; immunisation; and positive health.

During the year, 22 patients made 89 attendances at 48 Relaxation Classes.

Post-Natal Clinics

During the year 4 mothers attended for post-natal examination, but it is not known how many mothers attended their own general practitioners for this examination.

Infant Welfare Clinics

Eight infant clinic sessions were conducted weekly.

		No	ew Case	es		Total	Attenda	nces	1
		<i>Born</i> 1969	Born 1964 to 1968	Totals	<i>Born</i> 1969	Born 1964 to 1968	Totals	No. of Ses- sions	Average attend- ance per Session
Health Centre— Monday Wednesday Thursday		75 243 127	37 63 34	112 306 161	370 858 674	523 1031 680	893 1889 1354	48 50 50	18·60 37·78 27·08
School Medical Office Tuesday Thursday	ces 	121 111	35 30	156 141	540 528	545 555	1085 1083	50 51	21·70 21·24
Glovers Lane— Tuesday Wednesday	•••	129 121	42 21	171 142	729 523	912 663	1641 1186	52 51	31·56 23·26
Simons Croft— Friday		33	14	47	210	361	571	50	11.42
TOTALS	•••	960	276	1236	4432	5270	9702	402	24.13

Phenylketonuria

Phenylketonuria (PKU) is a hereditary inborn error of metabolism, occuring once in about 10,000 births, in which the amino acid phenylalanine accumulates in the blood. The normal blood phenylalanine level is about 1-2 mg. per cent. In the first dew fays of life the level may rise slightly but it quickly becomes stabilised. In P.K.U. the level continues to rise and may reach 50-100mg. per cent in a short time, if the level reaches 15mg. per cent phenylpyruvic acid, a derivative of phenylalanine, usually appears in the urine.

A high phenylalanine level in the blood leads to impairment of the nervous system, and irreversible brain damage can occur in a matter of weeks. The condition is treated by keeping the patient on a low phenylalanine diet, and it has been shown that if this diet is started early enough, before clinical signs of PKU are evident, the child's development is virtually normal and mental retardation is prevented. It is with this in mind that the health visitors strive to have every baby tested as early as possible.

The Guthrie method of testing a sample of the child's urine has been used since March, 1964 and this continued until the early part of 1968. From July, 1968 however, the more accurate Guthrie method of testing a sample of blood obtained by heel prick has been used as the method of choice. The urine method continues for cases where blood is difficult to obtain.

During the year 30 urines and 1,332 bloods were tested.

No case of phenylketonuria was diagnosed during the year.

Congenital Abnormalities

The following table gives a summary of Congenital Abnormalities notified over the past 4 years, classification based on the recommendations of the Registrar Generals Advisory Committee for the Eighth Revision of the International Classification of Diseases.

	1969	1968	1967	1966
Central Nervous System Ear and Eye Alimentary System	6 1 2	11 2 3	18	9 2 3
Heart and Great Vessels Respiratory System	1 —	$\frac{7}{2}$	_ _	7
Uro-genital System Limbs Other Skelital	10	14	6	12
Other Systems Other Malformations	3 2		5 2	1 7
TOTALS	25	42	32	42

Children at Risk

At the end of 1969 the total number of children on the "At Risk" register was 335 of which 52 were carried forward from 1968.

These are children who because of adverse genetic, pre-natal, peri-

natal or post natal influences are more prone to later handicap.

Children known to be handicapped at an early age, are not included,

but are placed on the "Handicapped List".

The health visitors continue extra supervision of the "At Risk" children until it is evident that the child is making normal physical and mental progress. A child with delayed mental or physical development is transferred to the "Handicapped" List, thereby making certain that he will be followed up, visited regularly, his progress noted and the information made available to the Medical Officer of Health for early examination and assessment.

Handicapped List

The names of handicapped children are entered in a register, the health visitors' record card marked, and a special card completed and filed separately. These cards are distributed to the health visitors every six months for a summary of their home visits to be recorded. A copy of all medical and hospital reports are also recorded. At corresponding six monthly intervals a list is submitted to the School Medical Officer. The child is first included on this list on attaining the age of two years. This gives an early picture of the number who may need special education and it also ensures early medical examination and assessment.

The handicapped list "for observation" are included, and if later pronounced no longer handicapped, the School Medical Officer is in-

formed.

56 children born in 1969 were placed on the "handicapped list". Of these 25 were congenital abnormalities apparent at birth.

The	defeate	****		fallana.	
i ne	defects	were	as	follows:-	-

Central Nervous System			•••		6
Skelital					18
Heart and Great Vessels	•••				4
Caeliac	•••	•••			2
Mongoloid	• • •	• • •			3
Hypospadias		•••	•••	• • •	3
Defective Allimentry Car	nal	•••	•••	• • •	1
		•••	•••		1
Hare Lip & Cleft Palate	•••	•••	• • •	• • •	1
Bell's Palsy	•••	•••	•••		1
Congenital Cataract	•••	•••	•••	• • •	2
Pulmonary T.B	•••	•••	•••	• • •	1
For Observation					
Pigmented Naevus					4
Slow Progress		•••			6
Lactose Intolerance					1
Accessary Auricles	•••				2
				-	
TOTAL ,	•••	•••	•••	• • •	56

Welfare Foods Service

Distribution centres were as follows:—

Balliol House, Stanley Precinct, Balliol Road, Bootle 20.

Health Centre, Knowsley Road, Bootle 20.

School Medical Clinic, Balliol Road, Bootle 20.

Group Medical Centre, Simons Croft, Bootle.

Glovers Lane Clinic, Glovers Lane, Netherton, Bootle 10.

Total issues over the last 4 years are shown below:—

	1969	1968	1967	1966
National Dried Milk (Packets)	6,619	9,370	11,335	14,204
Orange Juice (Bottles)	9,405	8,761	7,245	7,187
Cod Liver Oil (Bottles)	884	994	1,002	1,094
Vitamin Tablets (Packets)	1,525	1,001	1,042	910

Proprietary Foods

The following proprietary foods were sold during the year:—

Dried Milk	 		7,368	Packets
Cereal Foods	 	• • •	795	Packets
Vitamin Preparations	 	• • •	849	Bottles
Other Preparations	 		123	Bottles

Problem Families

A problem family may be defined as a family which, through physical, social, mental or emotional inadequacy is unable to benefit from the facilities currently available to all in the Welfare State in which we live. These families are unable to conform to the accepted patterns of our society, taking more from it than they contribute. They persistently fail to gain from the help and advice available to them from a multiplicity of social agencies, both statutory and voluntary.

In order to co-ordinate the care and assistance given to problem families in the Borough a team of officers, below chief officer level, meet at approximately monthly intervals in Committee under the Chairmanship of the Assistant Town Clerk. The Committee is known as the Health and Ancillary Services Staffs Co-ordinating Committee. The Superintendent health visitor and a mental welfare officer represents the Health Department on the Committee which also has representatives from the Welfare, Housing, Education and Children's Departments liaising with members from the Probation Service, the N.S.P.C.C., the M.S.S. and other similar bodies.

Problem families continue to be visited and supervised by the health visitor on whose district they reside. A register of families is kept. The number and type of case supported during the year may be summarised as follows:—

Bad management			 12
Domestic difficulties and hou	ising		 13
Marital disharmony			 7
Instability in one or both pa	rents		 7
Neglect and neglect with inte		ance	 7
Desertion			 3
Illness and inability to cope		• • •	 4
Illegitimacy and infidelity			 3
			_
			56

At the end of the year the cases were reviewed and the following table summarises the position:—

Improved and removed from Some improvement but still	register under su	 ipervisi		6 10
Children taken into care		•••	•••	2
Families removed from distriction No change		•••	•••	36
140 change	•••	•••	•••	
				56

In many cases the Women's Royal Voluntary Service render material assistance.

Care of the Unmarried Mother and her Child

Fifty-nine cases were dealt with; these came to the notice of the Department from the following sources:—

Hospitals Health Visitors	•••	•••	•••	•••	 24 35
					

Eight unmarried expectant mothers were admitted to Homes of the Moral Welfare Agencies at the expense of the Corporation. The placement of these 59 children was as follows:—

Remained with Mother		•••		• • •	53
Legal Adoption			• • •		4
Removed from District					1
Mother since married	•••		• • •	• • •	1

Nurseries and Child Minders Regulation Act, 1948, as amended by Section 60, Health Services and Public Health Act, 1968

Child Minders

It was only during 1969, that the full effects of this change in the legislation became apparent statistically. The Act requires the registration of a child minder who is looking after one or more children under school age for reward where the child is not related to the minder. In the past a person could look after one or two children without requiring to register with the Local Authority.

In 1969 the number of new registrations for child minders was twelve compared with none in 1968.

Playgroups

Playgroup activities in the Borough continued to develop during the year. This pre-school activity provides an opportunity for mother and child to meet and socialise with other mothers and children. It is not a substitute for Day Nursery Care and is best run by the mothers themselves, who should have access to professional advisers. In Bootle, Mrs. V. A. Benson, the Superintendent Health Visitor acts as advisor to playgroups. It is the policy of the Council, in recognising the importance the playgroup has in the child's normal development to give encouragement to persons wishing to set them up. During 1969 seven playgroups were registered with the Local Authority compared with none in 1968. Seven playgroups were active in the Borough at the end of the year.

Private Day Nursery

The Kingswear Private Day Nursery at 44 Merton Road, Bootle which was in operation before 1948, became registered with the Local Authority under the Nurseries and Child Minders Regulation Act of the same year. The nursery was registered to accommodate a maximum of fifty-four children. The premises were inspected quarterly during the year by a public health inspector and the superintendent health visitor and reports were prepared on the staffing, the general cleanliness and health of the children and the suitability of furnishings, diet, and play materials. At the end of the year the general cleanliness of the premises, and the general health of the children were found to be satisfactory. Thirty six children were being cared for on the day of the Superintendent health visitor's last visit.

Dental Treatment of Expectant and Nursing Mothers and Young Children The following report has been supplied by the Dental Officer:—

(a) PATIENTS PROVIDED WITH DENTAL CARE

	Examined	Number Commenced Treatment	treatments
Expectant and Nursing Mothers	69	69	42
Children under Five	156	142	140

(b) FORMS OF DENTAL TREATMENT PROVIDED

	Extrac- tions	General Anaes- thetics	Fill- ings	Scal- ings or Scal- ing & Gum Treat- ment	Silver Nitrate Treat- nient	Dres- sings	Pro	tures vided or lower Par- tial
Expectant and Nursing Mothers	152	28	61	10			16	9
Children under Five	159	97	46	_			-	_

X-Ray Examinations.—Facilities for X-ray examinations are available at the Liverpool Dental Hospital.

MUNICIPAL MIDWIFERY SERVICE

Staff

The establishment provides for a non-medical Supervisor and fourteen midwives. At the end of the year the Supervisor and 10 midwives were on the Staff.

The establishment also provides for five part-time midwives with duties in connection with the nursing of early hospital discharges. None of these posts was filled during the year.

Notification of Intention to Practice

Nineteen midwives gave notice during the year of their intention to practise midwifery in the Borough; eleven of these were municipal midwives, and eight were midwives in the Bootle Hospital Maternity Annex.

Hospital Midwifery Service

The new purpose-built Maternity Unit at Fazakerley Hospital was opened on the 1st May 1969. This unit replaced the Unit at Walton Hospital and during the latter part of April the transfer of patients and equipment took place.

Cases Attended by Municipal Midwives

Confinements attended		 	114
Home visits (ante-natal)	•••	 	3,845
Home visits (puerperium)		 	1,979

In addition, the midwives made 8,188 home visits to cases discharged from hospital or maternity home before the tenth day as follows:—

	Patients	Visits paid
	discharged	by midwives
Walton/Fazakerley Hospitals	837	5,698
Bootle Hospital Maternity Annex	152	703
Liverpool Maternity Hospital	180	1,104
Mill Road Maternity Hospital	77	458
Ormskirk Hospital	11	54
Others	27	171
	1.284	8,188

Early Discharges

Of the 1,284 patients discharged from hospital before the tenth day:—

187 were discharged at 48 hours;

865 were discharged at 5 days;

232 were discharged after 5 days.

Births

Of the total of 1,415 notified live and still births to Bootle mothers the municipal midwives attended 115 and the remaining births took place in the following institutions:—

Walton/Fazakerley Hospitals	• • •	 810
Liverpool Maternity Hospital		 182
Bootle Hospital Maternity Annex		 208
Other Hospitals		 100
(These figures include 20 still births)		 1,300

Patients engage the services of the midwife nearest to their own homes, and the midwife is responsible for their ante-natal care from the date of booking.

It is the practice where possible for a midwife to accompany all cases of haemorrhage associated with pregnancy to hospital in the ambulance. These cases include early bleedings in pregnancy (abortions), ante-/and post-partum haemorrhages. In addition, ambulance emergency (999) calls where the patient is pregnant and has not been seen by a doctor are accompanied. During the year 236 patients were accompanied to hospital by a municipal midwife. In addition, a midwife accompanies patients discharged home from hospital before the fifth day following confinement.

Ante-Natal Clinics

The Municipal midwives hold ante-natal clinics at the following centres:—

Glovers Lane Clinic	Monday	1.30—4.00 p.m.
School Medical Clinic, Balliol Road	Monday	1.30—4.00 p.m.
Health Centre, Knowsley Road	Tuesday	1.30—4.00 p.m.
Simons Croft	Thursday	1.30—4.00 p.m.

Gas and Air Analgesia

All the municipal midwives are qualified to administer inhalation analgesia; 6 sets are in use, one of which is kept at the Ambulance Station and conveyed to the patients home when required. The remaining 5 sets are kept at the homes of midwives who use cars on duty.

During the year, entonox analgesia was given in 110 cases; Pethilorfan was administered in 59 cases.

Medical Aid

The services of medical practitioners were requested in 75 cases during the year to attend to early discharges from hospital. In all cases the medical practitioners had arranged to provide the patient with maternity medical services under the National Health Service Act, 1946.

Transport

The Non-Medical Supervisor and nine Midwives receive an essential car users allowance based on mileage. Municipal midwives using a cycle receive a travelling allowance of 13s. 0d. per month, or 40s. 0d. per month if they use a motor scooter when on duty. During the night, if public service vehicles are not available, transport is provided from the Ambulance Depot.

Training of Part II Pupil Midwives

During 1964 consultative meetings were held at Walton Hospital between representatives of the North Liverpool Hospital Management Committee and representatives of the Lancashire County Council and the Bootle County Borough Council.

As a result of these meetings the first training course with pupil midwives from Walton Hospital commenced early in March, 1965, domiciliary training in the Crosby District and in the County Borough of Bootle commencing on 1st June, 1965. Since 1966, four courses have been run each year.

During 1969, 12 pupils from Bootle, 8 pupils from Crosby, 21 pupils from Kirkby and Prestwich attended.

The pupil midwives work under the supervision of their teaching district midwives and tutorials and practical teaching is given by the hospital Tutor and the Non-medical Supervisor. During 1969, 8 midwives worked as approved teachers. Lectures on epidemiology, infectious diseases, maternal and infant welfare, and local and central government administration are given by the Deputy Medical Officer of Health, the Chief Public Health Inspector, the Chief Welfare Officer, the Children's Officer and myself.

During the year 41 pupils commenced the course and 41 qualified as midwives. The table which follows shows the statistics from the commencement of these courses in 1965.

	No. Courses	No. of	Students a	ttending		
Year	Com- menced	Bootle	Crosby	Kirby & Prestwich	Total	Passes
1965 1966 1967 1968 1969	3 4 4 4 4	12 16 16 15 12	6 8 8 8 8		18 24 24 34 41	18 24 24 34 41

Obstetric Training

Student nurses undergoing obstetric training at Walton Hospital visit the domiciliary service and spend a day on the district. During the year 26 students spent a morning visiting with the midwife and attended a clinic in the afternoon.

HEALTH VISITING SERVICE

Staff

The establishment provides for one Superintendent health visitor and thirteen full-time health visitors. At the end of the year 7 full-time and 2 part-time health visitors were in post. In addition, two part-time clinic nurses were employed.

Because of the difficulty of obtaining health visitors, the Committee in November, 1948, approved of a scheme for the engagement of student health visitors who would attend a whole-time course of training at the Liverpool University School of Hygiene and would receive during the first year three-quarters of the minimum salary of a health visitor. After the period of training they would then return to the service of the Authority for the remainder of the twelve months, and if successful in obtaining the Health Visitor's Certificate would, if required, give a further twelve months' service to the Authority. The Committee pay the course fees, and the examination fee. There were no student health visitors in training at the 31st December 1969.

Home Visitation

The staff paid 20,341 home visits, including 7,711 visits to infants under one year, and 11,040 visits to children aged from one to five years.

Home Visits to Expectant Mothers

The health visitors paid 250 home visits to expectant mothers to advise them on general and personal hygiene, with a view to promoting normal childbirth.

Liaison Arrangements

At the request of the Hospital Authorities, the health visitors make domiciliary visits to ascertain the environmental conditions of geriatric patients who are on the waiting list for admission, and these reports are supplied to the Hospital Authorities. No arrangements have been made for health visitors to work with particular medical practitioners or groups of practitioners, but close liaison exists and specific cases are referred to the health visitor by the general practitioner. The health visitors also follow up cases discharged from hospital when requested.

Transport

The Superintendent Health Visitor and four Health Visitors receive an essential car users allowance, based on mileage.

Mothercraft and Relaxation Clinic

A mothercraft and Relaxation Clinic is held as a joint venture with the Midwifery Service, at Glovers Lane Clinic on Monday afternoons.

During the year 48 sessions were held at which 22 patients made 89 visits.

DISTRICT NURSING SERVICE

Staff

All the staff were non-resident. The establishment provides for a Superintendent and fifteen district nurses. At the end of the year the staff consisted of the Superintendent (who is a Queen's Nurse) 3 full-time and 2 part-time Queen's Nurses, 2 District Trained Nurses, 5 full-time State Registered Nurses, and 3 full-time State Enrolled Nurses.

Training

The Council have in the past adopted a scheme for sponsoring the training of District Nurses by the Queens Institute of District Nursing, each trainee nominated by the Authority was required to give 12 months service as a District Nurse after completing her training.

District Nurse Training is now being organised by the Ministry of Health, who award a National Certificate, and two nurses successfully

completed this training during the year.

Transport

11 nurses have been granted a car allowance. If the nurse prefers to use a cycle, a cycle allowance of 13s. per month is granted by the Council.

Source of new Cases

Source	1966	1967	1968	1969
General Practitioners	629	596	552	551
Hospitals	121	175	221	305
All Sections of Health Department	12	30	33	46
Direct from relatives and friends	22	27	28	25
TOTALS	784	828	834	927

Visits

There were 33,553 visits paid to 1,123 patients during the year, including 296 cases carried over from 1968.

Day Cases

With effect from July 1968 selected patients were discharged from Walton Hospital, hours after having had an operation. Patients being admitted at 8 a.m. for an operation at 10 a.m. are discharged between 4-30 p.m. and 6 p.m. The District Nurse visits at 10 p.m. the same

evening and makes 2 visits daily for 3 days and then reduces her visits to once a day for the remainder of the week. A domiciliary visit is also made during the afternoon the patient undergoes the operation to ensure preparations to receive the patient are satisfactory and give assurance to the relatives.

During the year 13 patients were discharged home on the same day as they underwent an operation.

General Nursing Care

As in previous years, a large number of the patients attended have been elderly patients requiring general nursing care. Of the 1,123 patients dealt with during the year 765, or 68.03% were over 65 years of age. The number of elderly patients nursed in the previous year was 547, or 48.6% of all patients. The elderly bed-fast patient, the arthritic, or the patient recovering from a cerebral catastrophe requires a prolonged course of general nursing and rehabilitation and this is work which is very demanding on the time of the trained nurse. Valuable help continues to be given in bed-bathing and general nursing care of patients by members of the West Lancashire Branch of the British Red Cross Society. This voluntary assistance is much appreciated by the district nurse and I should like to take this opportunity of expressing my thanks to those members of the West Lancashire Branch of the Service who have assisted the District Nursing Service during the year.

Sick Children

No special provision is made for the home nursing of sick children but 44 (or 3.9%) of the patients dealt with were children under the age of five years. These children require mostly dressings after minor operations, burns and scalds, nursing care during an attack of bronchitis, and penicillin injections for chest conditions or otitis media.

Enuresis

The treatment of enuresis by means of the Pad and Alarm Bell Apparatus is supervised in the home by the district nurse. Cases are referred by the School Medical Officer or the family doctor, and a total of usually six visits is made by the district nurse to explain the use of the apparatus and ensure it is being used properly. The co-operation of the parent is essential, and they must be prepared to get up themselves when the bell rings to supervise the child and to reset the alarm. During the year, six outfits were in use and the details of the 23 cases treated are shown in the Annual Report of the Principal School Medical Officer for this year.

Sick Room Equipment

In many instances effective nursing requires the use of suitable sick-room equipment. Not only does it assist in the comfort of the patient but it allows many patients to be nursed at home who might otherwise need admission to hospital. Items of sick-room equipment are available on loan to patients through the District Nursing Service.

During the year the following items were issued on loan to patients:—

Bed Pans		•••	107	Sorbo Rings	 16
Mackintosh Sheets			66	Air Rings	 16
Back Rests	• • •		59	Bed Cradles	 21
Wheel Chairs			32	Oxford Hoists	 _
Urinals		•••	39	Pennryn Hoist	 2
Commodes			52	Bed and Mattress	 1

Supply of Incontinence Pads

The scheme whereby incontinence pads are issued free to incontinent bedfast and ambulant patients continued during the year. 103 (14 more than last year) were supplied.

An allowance of fourteen pads per patient per week is made free of cost but any in excess of this may be obtained on payment at the cost price. No requests were made during the year for incontinence pads in excess of the free issue. A collection/disposal service operates for all patients who use incontinence pads.

District Nursing Liaison Scheme with Walton Hospital Report of Mrs. G. Scott, Senior District Nurse.

The objects of the Scheme are:-

- 1. In the main Hospital.
- (a) To liaise with the Ward Sister in all cases where home nursing care is required particularly in those instances where the patient is discharged prematurely or takes his own discharge.
- (b) To visit the patient on the ward before discharge if possible, and always in a case of terminal illness to reassure the patient that adequate nursing care will be given to him, in his own home.
- (c) To discuss treatment of the patients with the ward sister and to arrange home nursing care, loans of equipment, and any Welfare Services which may be required.
- (d) To ensure that there are adequate facilities at home for nursing the chronically sick, and patients who are suffering from a terminal illness.
- 2. In the Accident and Emergency Department
- (a) To advise and arrange nursing care for patients between visits.
- (b) To arrange nursing care where necessary for patients discharged from the Observation Ward to the care of their family doctor.
- 3. In the Out-Patient Department.
- (a) To consult with the Out-patient Department Sister on matters which affect post-operative care of day-case surgery patients and to direct the nursing instructions to the appropriate District Nurse.
- (b) To visit at home patients who may have day-case surgery to assess the suitability for the home, for home nursing post-operatively.
- (c) To co-operate with the Medical Social Worker's Department in providing technical and nursing equipment, and Welfare Services as necessary.

The Liaison Scheme between Walton Hospital and the Bootle District Nursing Service commenced in January, 1969. Similar Schemes operate between the Hospital and Lancashire County, and the Hospital and Liverpool City Council. The District Nursing Liaison Officers attend Walton daily, and in the case of Bootle the visit takes about half an hour each day. The nature of the illness, the treatment and progress of the patient are discussed with the Ward Sister and the patient's needs and treatment when they return home are assessed. Home visits are often necessary to assess the facilities available and the nursing requirements for home care. This interchange of information is most beneficial to the patient who, having interviewed the District Nurse in the Hospital is discharged to his own home fully aware that the treatment he was having in Hospital will continue at home.

The Scheme has proved to be extremely successful in day-case surgery patients thus alleviating the pressure on Hospital beds. In fact, since the introduction of the Scheme patients can be discharged earlier from Hospital to the care of the District Nurse, their relatives and family doctor. It is also true to say, that the Scheme has done much to improve the co-operation and co-ordination between the Hospital Service and the Local Authority Services, in that, by their association the nurses have gained an insight and a clearer knowledge of each others duties and capabilities. A most valuable relationship has also been built up with the District Nursing Liaison Officers of Lancashire County Council and Liverpool City Council through association with them on this Liaison Scheme.

During 1969, 250 patients were discharged to the care of the District Nursing Service through this Liaison Scheme.

During 1968, 150 patients were referred to the District Service, either by telephone or by letter and in many cases after they had been discharged from Hospital.

The Liaison Scheme has proved to be highly effective and beneficial to patient, doctor and nurse.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

During the year vaccination continued to be carried out by general practitioners and by the Local Health Authority's medical staff. The numbers dealt with are shown in the table below:—

	Under 2 years	1-4 years	5-15 years	16— years	Total 1969	1968	1967	1966
No. Vaccinated by Clinic Staff No. Vaccinated by	47	187	3	2	196	319	367	415
General Pract	18	130	15	33	196	141	169	180
No. Re-Vaccinated by Clinic Staff No. Re-Vaccinated by	_	1	9	24	34	100	96	131
General Pract	_	1	6	96	103	47	34	19
	22	319	33	155	529	607	666	745

Vaccination—Poliomyelitis

The number of persons vaccinated during the year was as follows:—

	1969	1968	1967	1966
Complete primary course Booster Doses	618	1,113	1,131	1,407
	82	745	720	718

Vaccination—Measles

The Ministry of Health Circular 9/68 stated that in the Minister's view vaccination against measles should be offered to all children up to and including the age of 15 years, who had not suffered an attack of measles or been vaccinated against it.

The Minister recommended that for routine immunisation in early childhood, measles vaccination should be given in the second year of life, after the completion of the basic course of immunization against Diphtheria, Tetanus, Whooping Cough and Poliomyelitis, preferably before the routine vaccination against Smallpox.

By the end of 1968, measles vaccination was offered to all susceptible children up to the age of fifteen years.

In March 1969, the use of one of the live attenuated measles virus vaccines was suspended following reports of adverse reactions in several cases. Following a review of these reports by the Joint Committee on Vaccination and Immunisation, the Committee recommended that vaccine prepared from this strain of attenuated measles virus should no longer be used in Great Britain for vaccination against measles. At the same time the Committee recommended that Vaccination against measles should continue by means of vaccine prepared from the Schwarz strain of attenuated measles virus or from a strain of a similar degree of attenuation.

Supplies of vaccine, prepared from the Schwarz strain fell short of

the quantity needed and it was necessary to restrict vaccination against measles to susceptible children between their fourth and seventh birthdays, susceptible children attending day nurseries or nursery schools or living in residential establishments. This was the position until the latter months of the year and because of this set back only 319 children were vaccinated against measles in 1969 compared with 1,719 in 1968.

The figures for both years are shown in the following table.

YEAR	YEAR OF BIRTH								
ILAK	1969	1968	1967	1966	1965	1961-64	1952-60	TOTAL	
1968	_	1	158	196	184	673	507	1719	
1969	_	117	107	35	34	26	_	319	

Immnuisation—Diphtheria, Tetanus and Whooping Cough

	Under 1 year	1-4 years	5-15 years	16— years	Total 1969	1968	1967	1966
Triple Antigen	58	407	30	_	495	895	859	904
Diphtheria/Tetanus	_	7	7	_	14	360	19	578
Tetanus	_	1	9	_	10	18	2	
Total protected against: Diphtheria	58	414	37	_	509	1255	878	1482
Whooping Cough	58	407	30	_	495	895	859	904
Tetanus	58	415	46	· —	519	1273	880	1482
Reinforcing Doses:								
Triple Antigen	_	4	47	,	51	48	33	20
Diphtheria/Tetanus	_	_	18	_	18	652	716	516
Tetanus	_	_	2		2	3		1

AMBULANCE SERVICE

Administration

The Ambulance Service is under the control of the Medical Officer of Health.

Headquarters

The Service is controlled from the Station Headquarters in Markfield Road.

Staff

The Staff of the Service consists of:-

Ambulance Supervisor 4 Section Leaders 21 Driver Attendants Clerk/Telephonist

The ambulance telephones are now manned on a 24 hour basis to take emergency calls, and to accept calls for the Midwifery and District Nursing Services, outside office hours.

Staff Training

During the year driver/attendants R. McKane and S. Macaskill successfully completed courses at the Institute of Ambulance Personnel. The courses taken in their own time.

Mr. T. R. Slater, Ambulance Supervisor attended an Instructors Training Course held at Wrenbury Hall, Cheshire, from the 14th to the 25th April. He successfully completed this course and was awarded a Certificate of Special Merit. Mr. Slater also attended a course for Senior Ambulance Officers concerning "Ambulance Services in War". This course was held from the 1st to the 5th December at the Home Office Civil Defence Training School at Easingwold, Yorkshire.

In June the N.J.C. circular NM192A was issued and this circular stipulated that ambulance workers with two to five years service, who had not previously received approved training should attend a shortened training course in order to qualify for a higher rate of pay. The Ambulance Service Advisory Committee agreed, after consultation with the National Joint Council and the Local Government Training Board that these shortened courses should be of two weeks duration and follow an agreed syllabus. It was agreed that successful completion of the course by trainees would lead to the award of a Proficiency Certificate.

A programme of training was drawn up which was approved by Health Committee and Council and application was made to Lancashire County Council for places on courses organised to take place at the County Council Ambulance Service Headquarters, Broughton House, Preston. By the end of the year Ambulance Driver/Attendants T. Griffiths, J. Murphy and R. Morgan had completed a course satisfactorily.

Mutual Aid

Arrangements with the Lancashire County Council and the Liverpool City Council for mutual aid in cases of emergency have been continued.

Vehicles

Vehicles in use at the end of the year comprised, one B.M.C. 12 seater omnicoach, one B.M.C. sitting-case vehicle, one B.M.C. dual-purpose vehicle, and seven B.M.C. Ambulances. These latter include two new vehicles delivered to the service in February.

Total vehicle mileage for the year was 112,811 miles compared with 113,364 miles in the previous year.

At the end of 1969 the ages of the vehicles were as follows:-

Age of Vehicle in Years

1	Under 1	1–2	2–3	3–4	4–5	5–6	6–7	7–8	8–9	9–10	Over 10
	2	1	1	_	1		2	_	3	_	_

Radio Telephone Equipment

Age, difficulties in repair and replacement of parts, plus a change in frequency channelling, necessitated the renewal of all Radio/Telephone Equipment, and by the end of the year the main station plus nine vehicle two-way units had been replaced by rental equipment. The one vehicle not yet fitted with a Radio/Telephone unit is the omnicoach.

Calls

During the year the number of calls dealt with was as follows:—

Type of Case	Day 7 a.m11 p.m.	Night 11 p.m7 a.m.	Total
Hospital Transfers Accidents and Emergencies:	8,372	133	8,505
(a) Docks	290	34	324
(b) Industrial	183	9	192
(c) Road Traffic Accidents	236	34	270
(d) Home	963	346	1,309
(e) Others	708	167	875
Hospital Admissions	1,845	196	2,041
Infectious	174	10	184
Maternity	422	340	762
Mental Health	487	6	493
Removals for other Local			.,,,,
Authorities	80	21	101
Abortive and Malicious	378	87	465
Midwife Duty	14	12	26
Midwife Duty	14	12	20
TOTALS	14,152	1,395	15,547

In 1968, total calls numbered 15,915 of which 14,625 were day calls and 1,290 were night calls.

The number of patients carried during the year was 28,911, as against 31,451 in 1968. Of this number, 3,290 were mentally handicapped pupils transported to and from the Junior and Adult Training Centres.

PREVENTION OF ILLNESS (CARE AND AFTER-CARE)

Tuberculosis

The treatment of tuberculous patients is carried out by the Chest Physician employed by the Liverpool Regional Hospital Board and the patient's family doctor. Patients are seen at the Chest Clinic, part of the Health Centre in Knowsley Road where tuberculous visitors employed by the Local Authority attend regularly and are engaged in the domiciliary visiting of notified cases and their contacts. Patients are assisted by the provision of sputum flasks and other nursing requisites.

Where the housing accommodation is overcrowded or unsuitable, representations are made by the Medical Officer of Health to the Housing Committee so that priority can be given to such cases.

Two tuberculosis visitors are employed, and during the year they made 2,032 visits to the homes of tuberculosis patients.

B.C.G. Vaccination

It is the practice of the Authority to carry out B.C.G. testing and immunisation of children aged 13 years and over. This work is carried out in the schools and is reported in the Annual Report of the Principal School Medical Officer for the year.

CERVICAL CYTOLOGY

(Prevention of Cancer of the Cervix)

Cancer of the cervix can be detected by a simple smear test, and if it is found at an early stage, a minor operation can prevent the spread of the disease.

A Clinic has been held weekly since 13th January, 1967, at the School Medical Offices, Balliol Road, when a woman medical officer has been in attendance, and all women over the age of 35 years are eligible for the test.

The cervical smear is examined by a Pathologist at Walton Hospital and copies of all results are forwarded to the general practitioners.

The response has been fair, but many more women in the Borough should avail themselves of this service. There were 49 clinic sessions held during 1969 at which 386 examinations were made. Of these, 30 were re-examinations at the request of the Pathologist, and 5 cases were found to be positive.

YEAR	1967	1968	1969
No. of Clinic Sessions No. of Examinations made No. of Re-examinations made Positive smears found	49	50	49
	245	296	386
	22	43	30
	2	4	5

Provision of Sick Room Equipment

Until the 31st December 1968 a system of charging a deposit on sickroom equipment issued on loan was in operation, the deposit being re-

funded if the equipment was returned in good condition.

On the 1st January 1969, the Council decided to suspend the system of requiring a deposit on equipment issued on loan, for a trial period of twelve months. Under these conditions the service was found to be working more efficiently with an easier and more rapid turn-over of equipment on loan. In addition there was less clerical work involved and the new system was made permanent.

Requests for the loan of sick room equipment should be made to the District Nursing Superintendent, at the Health Department, Balliol House,

Stanley Precinct.

Convalescence

In accordance with Section 28, of the National Health Service Act, 1946, convalescence not involving medical treatment is arranged for patients recommended by general practitioners. A period of convalescence was approved by the Health Committee for 6 adults during the year.

Fluoridation

No progress in the fluoridation of water supplies can be reported during the year. The Bootle Council in 1969 reaffirmed its 1963, 1965 and 1968 resolutions in favour of adding fluoride to the water supply. The County Borough of Bootle, however, receives its water supply from the City of Liverpool and it is to be regretted that the City Council has not yet been able to show favour for a Scheme to add fluoride to the water supply. Such a scheme, if implemented, would prevent a considerable amount of tooth decay in children and thus release pressure on the School Dental Service.

Health Education

The services of the Health Education Council, continued during the year. Posters and leaflets issued by this association have been displayed on notice boards of Corporation Offices which the public visit, and in Infant Welfare Clinics and School Clinics, where personal advice associated with or relating to the poster, was given to mothers and children in attendance.

Health Education to school children continued during the year. Posters and pamphlets on various topics were supplied to schools where necessary. These were followed by lectures by Health Visitors or Public

Health Inspectors.

It is difficult to assess the amount of Health Education carried out on a personal basis between Health Visitor, District Nurse or Midwife and patient, but it is felt to be the most useful form.

Chiropody

In accordance with the recommendations in Circular 11/59 Local Health Authorities were empowered to establish a chiropody service under Section 28 of the National Health Service Act, 1946.

The service commenced at the Health Centre, Knowsley Road, in September, 1960. A part-time Chiropodist was engaged for two sessions per week and this arrangement continued until April, 1965, when a further weekly session was commenced. Mr. J. Waters, formerly the sessional Chiropodist, was appointed to a full-time position, with effect from 1st October 1969.

During 1969, 232 sessions were worked and 1,449 treatments given.

A charge of 2/6 is made for treating two feet, and 1/6 for one foot. No charge is made to patients receiving Ministry of Social Security benefits.

Where patients are unable to attend the clinic because of difficulty in walking, they are conveyed by ambulance.

At the end of the year 365 persons were on the register, 347 old age pensioners, 17 handicapped persons and 1 expectant mother.

Provision is made for domiciliary visits where necessary, and 599 domiciliary visits were made during the year. The number of patients on the domiciliary register at the end of the year was 125.

C.S.E. Projects

Material and Child Welfare Courses for 14 and 15 year old school children were held at the Countess of Derby School and at St. Catherines School.

During the year, 77 students enrolled for the courses and were tutored by Mrs. M. Kewley, Mrs. N. Clarke and Miss J. M. Sephton, health visitors. The girls received instruction on ante-natal care, care of the mother and young baby, and the toddler and pre-school child. During the course the students paid visits to ante-natal and Child Welfare Clinics in the Borough.

45 students enrolled for the Child Care Examination sponsored by the National Association for Maternal and Child Welfare and thirty certificates were awarded.

Merseyside Cancer Education Committee

The work for the Committee continued in the Merseyside Region during the year and four public addresses were given in Bootle.

During the year a second teaching kit on cervical smear tests, "Towards Ten out of Ten" was produced and this was used with automatic sound/projection equipment in an exhibition stand, in infant welfare and cervical cytology clinics and in factory canteens.

Leaflets, posters and film strip teaching kits were also available to Constituent Authorities for use in health education programmes and covered the following subjects:—Cervical Cytology; Smoking and Lung Cancer; Cancer of the breast and self-examination; as well as general facts on the development and early diagnosis of cancer.

Day Nursery

The Local Authority has no Day Nursery premises of its own. Applications from parents for Local Authority support of their child in a Day Nursery are assessed and where appropriate children can be placed in the Lancashire County Council Day Nursery at Litherland or in the Kingswear Private Day Nursery at 44 Merton Road, Bootle.

During the year one child was maintained by this authority.

Urban Social Programme

On the 4th October 1968, a Joint Circular from the Home Office, the Department of Education and Science, and the Ministry of Health was issued concerning the Government's proposals to initiate an Urban Programme of expenditure mainly on Education, Housing, Health and Welfare in areas of special social need. The circular named thirty-four Authorities, of which Bootle was one, that required special help to meet their social needs and bring their physical services to an adequate level. The Government's definition of areas of acute social need was an area bearing the marks of multiple deprivation and took into account factors like overcrowding, family sizes above the average, persistent unemployment and where there was a high proportion of children in trouble or in need of care.

Day Nursery accommodation was one of the types of projects mentioned in the Government's proposals which could make a significant contribution in areas of acute social need by providing day care for preschool children with special medical or social need. The children to be included were those of unsupported mothers, those who need temporary day care because of illness in the parent, and children whose health and welfare may be affected by gross overcrowding or lack of opportunity to socialise with others.

The Borough Council made proposals to build a 50 place Day Nursery in the Borough under the Urban Programme Schemes and approval to the project was received in February 1969. Plans were drawn up in accordance with Ministry standards, tenders invited, Loan Sanction requested and by the end of the year a tender approved, for the building to commence early in 1970.

Home Help Service

The establishment provides for a supervisor, a deputy supervisor, and the equivalent of 42 full-time home helps.

138 new cases received assistance during the year. These, with 352 cases carried over from 1968, made a total of 490 cases dealt with during the year.

The following is a classification of the cases assisted:—

					Households provided with help
T	ype of Case				
(a)	Tuberculosis	• • •	•••	• • •	2
(b)	Maternity	•••	• • •		4
(c)	Chronic Sick v	under 6	5 yrs. c	fage	28
(d)	do. o	ver 65	yrs. of	age	429
(e)	Others		•••	•••	27
					400
					490
Т	otal no. of hou	ırs wor	ked		75,950

Where a case has been terminated and, after a lapse of time, is again provided with help in the same year, it is not counted as a new case.

The scale of assessment adopted by the Ministry of Social Security has been applied. Any householder utilising the Service has a right to appeal against the assessment in cases where it is felt that the scale would impose undue hardship, and these appeals are dealt with by the Health Committee.

Like the District Nursing Service requests for the Home Help Service have increased considerably over the last few years, the greatest proportion of the demand coming from the elderly chronic sick.

MENTAL HEALTH SERVICE

Staff

The staff establishment was as in the previous year. Three whole-time mental welfare officers are engaged, together with a part-time mental welfare assistant.

WORK UNDERTAKEN IN THE COMMUNITY

(a) Mental Illness

During the year, 166 persons were admitted to hospitals for psychiatric reasons. Of these, 75 were males and 91 were females. Of the total number of patients admitted to hospitals, 40 were admitted for observation under Sec. 29 or Sec. 25 of the Mental Health Act, 1959, and 117 were admitted informally. 1 patient was admitted to hospital under Section 60 of the Act.

Of the 40 patients admitted for observation only 9 patients were further detained for treatment following the expiration of the period of observation. The remainder either were discharged whilst under observation, or remained as informal patients.

Five persons were taken for treatment as Day Patients, and 3 patients were taken for EEG's at the request of the Hospitals.

A total number of 140 patients were discharged during the year. Investigations which did not result in immediate admission to hospital totalled 108.

A total of 2,572 visits were made, including 1,125 in connection with investigations, admissions, or discharges, 30 for pre-care, and 1,417 for after-care.

The majority of patients from Bootle are admitted to Ormskirk and District General Hospital or Winwick Hospital. Other hospitals to which patients have been admitted are Sefton General, Deva, Rainhill, Walton and Moston. Many patients have attended the psychiatric clinics at Bootle, Winwick and Walton Hospitals.

(b) Sub-normality and Severe Sub-normality Ascertainment

During the year 3 boys and 4 girls were ascertained as being unsuitable for education under Sec. 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959.

Short Term Care

9 males and 9 females were admitted for short-term care to National Health Service Hospitals, and 4 males were accommodated in private hostels.

Residential Care

During the year two females and one male were admitted for permanent care. Two males were admitted from the courts and one female was admitted for treatment.

At the end of the year 9 persons were on the waiting list for hospital care.

Home Reports

55 home visits were made with regard to patients who were in hospital. These were for the purposes of granting holiday or trial leave, or with a view to ascertaining relatives' wishes in regard to the discharge of patients, etc.

Visits were made to 51 patients in Hospital, with Christmas presents from the Health Committee.

Domiciliary Visiting

908 visits were made to patients in the community.

ADULT TRAINING CENTRE

The adult Training Centre which was officially opened on the 8th October 1965, has accommodation for training ninety mentally subnormal adults.

Staff

The establishment of the Centre provides for a manager, a deputy manager, five instructors, one bus escort who also acts as a domestic, one

domestic worker and a caretaker/gardener.

In July, Miss A. Buttery, the deputy manager, resigned from her position to take up the post of Manager of the Wellington Training Centre, a post she held until the end of November when she was re-appointed deputy manager at Bootle Adult Training Centre. In the meantime, Mr. J. Tuft was appointed Deputy Manager on the 1st August and held this post until the 21st September. On the 22nd September he was appointed Manager of the Centre, this post having become vacant by the resignation of Mr. C. E. Wilson who left the Borough to take up the position of Assistant Organiser of Training Centres in Derby County Council.

At the end of November Mrs. A. Short, clerk at the Centre resigned for domestic reasons.

At the end of the year the Manager and the Deputy Manager were the only members of the staff to hold the Diploma of Teachers of the Mentally Handicapped.

Staff Courses

At the end of the year, one female instructor Mrs. V. Slater, was attending the one year Teachers' Training Course at Harris College, Preston.

Early in the year, Miss A. Buttery attended a three day course at Wallingford, Berks. This course was organised by the Spastics Society and the Theme was "The Adult Spastic in the Hostel and Senior Training Centre."

Trainees

During the year five trainees were transferred to the Adult Training Centre from the Junior Training Centre and two trainees who had been placed in full time employment returned to the Centre.

At the end of the year there were sixty trainees on the roll.

Training

The educational and industrial training programme continued as before but unfortunately towards the end of the year, due to staff short-

ages training had to be modified.

During the year, trainees made several visits to local shops and places of interest. There were also visits to the Empire Theatre, to Southport and to the Morecambe Illuminations and these visits were organised by the Bootle Mentally and Physically Handicapped Persons Voluntary Association. Although beneficial educationally, the trainees enjoyed these social events and as in previous years I am grateful to the Association for organising these trips.

Swimming instruction continued as before. Each week for one session, fourteen trainees and three members of staff attended Balliol Road Swimming Baths. In March two male trainees qualified for $\frac{1}{4}$ mile swim-

ming certificates.

Parent/Staff Association

The Committee of the Parent/Staff Association meet at the Centre once a month and on these evenings the parents and friends of the trainees are invited for informal discussion with members of the staff. At Easter, a Gala Sports Day was held at the hostel at Cwm Penmachno at which their Worship the Mayor and Mayoress attended together with approximately a hundred trainees, parents and friends of trainees.

On Saturday the 31st May some of the residents of Cwm Penmachno visited Bootle to attend the Welsh Society's Concert in the Town Hall. The Centre was opened in the afternoon to allow the visitors an opportun-

ity to look around.

Throughout the summer months, groups of trainees went to the Hostel for the weekend. These outings were arranged so that a group of boys went one weekend and a group of girls the next.

one weekend and a group of girls the next.

At Christmas, the annual Christmas Fayre was held at the Centre. It was well attended and the proceeds will help to run the weekend visits of

the trainees to the hostel.

It is with the deepest regret that I have to report at the end of the year, the death of Mrs. E. H. Hoy, a former Non-Medical Supervisor of Midwives in the Borough and a long and devoted member of the Parent/Staff Association Committee, and a founder member of the Bootle Mentally and Physically Handicapped Persons Voluntary Association.

Youth Club

The Youth Club which opened at the Centre on the evening of Monday 1st November 1965, continued to meet at 7.00 p.m. in the early part of the year. Meetings were dependent upon a number of volunteer drivers who transported the trainees to and from the Centre. After the summer holiday it was found that there was insufficient transport to cope with the number of trainees attending, and for a short period the Youth Club met fortnightly. This arrangement caused so much disappointment to so many of the trainees that in the latter months of the year the Youth Club met each Monday evening immediately the Centre closed and continued until about 6.45 p.m. when the coach took the trainees home as usual.

As a Youth Club activity a group of trainees attended a performance of "The Gondoliers" at Bootle Town Hall on the 27th January.

Students

During the year students on courses of study for the Diploma for Teachers of the Mentally Handicapped from three Training Colleges have attended the Bootle Adult Training Centre to complete the practical side of their course. Two of these students, including one on a two-year Junior Training Centre Course were from Harris College, Preston; two from Hull; and one student from the new Adult Training Course at Bolton.

Facilities were also provided for visits from student Probation Officers, girls from the Countess of Derby School, and on four occasions during the year student midwives during their Part 2 Training Course.

Visitors

The Centre had many visitors in the course of the year. Miss Haskins, the Government Inspector for Training Centres and Mr. Bland, the Headmaster of Brockhall Hospital School who was accompanied by a student from Zargreb University and who was studying the work done with the mentally handicapped in this country visited the Centre in September.

JUNIOR TRAINING CENTRE

St. Lukes Junior Training Centre which is situated in Poulson Drive, Ford, Bootle, has accommodation for eighty Mentally Subnormal children and in addition there are twelve places in a Special Care Unit for children who are both mentally and physically handicapped.

Staffing

The establishment of the Centre provides for a supervisor, a deputy supervisor, five assistant supervisors and two student assistant supervisors. At the end of the year one assistant supervisor post was vacant. The supervisor, deputy supervisor, and two assistant supervisors hold the Diploma of Teachers of the Mentally Handicapped. During the year two assistant supervisors resigned, one in August and the other in September. Also in September the two student assistant supervisors resigned and commenced at Training College.

Miss N. Floyd, student assistant supervisor was appointed in October, and Mrs. D. Williams assistant supervisor and Miss F. Makin student assistant supervisor were appointed in December.

Children

The number on the roll at the end of the year was fifty. There were five admissions and nine transfers during the year. Of the nine transfers, five went to the Adult Training Centre and four were admitted to hospital care. One girl who had been in poor health for some time, died in March.

Activities and Training

The training and educational programmes continued throughout the year. Children made visits to places of outside interest and one of these was the Fire Station. Another was a visit to the New Strand Shopping Centre in April.

In the Centre the children had a visit from a Police Constable and a Police Woman, to get them aquainted with the Police Service. On another occasion Guard Dogs Incorporated gave a demonstration in the school grounds.

In September, weekly visits to the Public Baths for swimming instruction were re-commenced. Several children attended an evening dance display at St. Helens Junior Training Centre. The Crosby and District Society for Mentally Handicapped Children presented the Centre with a "Language Master", an audio-visual teaching aid which is a useful machine for children suffering from speech defects.

Patrons of the Strand Park Hotel and members of the Bootle Mentally and Physically Handicapped Persons Voluntary Association continued their support organising summer outings and presenting the children with Christmas gifts and Easter eggs.

Two notable visitors to the Centre were Dr. F. K. Hudson, Consultant Paediatrician at Alder Hey Hospital and Miss M. Kenny, Speech Therapy advisor to the National Association for Mentally Handicapped Children.

COMMUNICABLE DISEASES

The number of cases of infectious disease notified during the year was as follows:—

			Cases]	Notified	
		1966	1967	1968	1969
Acute Encephalitis	•••	_		_	
Acute Poliomyelitis	s				
A 41		1	_ :		
Cholera		_	_	—	
Diphtheria					
Dysentery		10	2	9 19	1
Infective Jaundice.	••	_		19	22
Leprosy		_	—	_	_
Leptospirosis .		_			
		_	—		_
		191	443	252	108
		—	—		1
Ophthalmia Neona		_	_	—	
Paratyphoid Fever	•••	_		<u> </u>	
				—	
		_		_	—
Scarlet Fever .		16	12	10	11
Smallpox		_	_	_	_
		_	_	_	_
		49	37	31	37
		-		- 1	v1 — 1
	•••	_		_	
Whooping Cough	•••	39	44	27	2
Yellow Fever .		_		_	_

Food Poisoning

Food Poisoning notifications (corrected) were returned to the Registrar General as Follows:—

	1966	1967	1968	1969
TOTAL	4	Nil	Nil	2
Outbreaks due to Identified				
agents:				
Total outbreaks	Nil	Nil	Nil	Nil
Total cases	Nil	Nil	Nil	Nil
Outbreaks due to Undiscovered				
Causes:				
Total outbreaks	Nil	Nil	Nil	Nil
Total cases	Nil	Nil	Nil	Nil
Single cases:				
Agents identified	4	Nil	Nil	2
Unknown cause	4	Nil	Nil	Nil

TUBERCULOSIS

Register

The number of patients on the register at 31st December, 1969, totalled 649. The patients suffering from pulmonary tuberculosis totalled 634. The patients suffering from non-pulmonary tuberculosis totalled 15.

Incidence

The number of new cases notified during the year under the Public Health (Tuberculosis) Regulations, 1930, was 37 (32 pulmonary and 5 non-pulmonary), as compared with 31 for the previous year. Notifications during recent years were as follows:—

						1	l'uberculosis	S
Year							Notification	
1959	•••	•••	•••	•••	•••	•••	113	
1960	•••	•••	•••	•••	•••	•••	47	
1961	•••		•••	•••	•••	•••	55	
1962	•••		•••	•••	•••	•••	43	
1963	•••		•••		•••	•••	77	
1964	•••	• • •	•••		•••		45	
1965	•••	•••	•••	•••		•••	42	
1966	•••	•••	•••	•••		•••	47	
1967	•••	•••	•••	•••		•••	30	
1968						•••	31	
1969	•••	•••	•••	•••	•••		37	
1707	***	• • •	•••	• • •	• • •	***	31	

Mortality

The number of deaths caused by all forms of tuberculosis during the year was 3 amounting to 0.4 per cent of the deaths from all causes and giving a death-rate from this cause of 0.04 per 1,000 of the population.

PULMONARY TUBERCULOSIS

Incidence

Thirty-two new cases suffering from pulmonary tuberculosis were notified during 1969. The numbers notified during the past few years were as follows:—

					Notifications of				
Year					Puln	nonary	Tuberculosis		
1959	•••	•••	•••	•••	•••	•••	111		
1960	•••	•••				•••	45		
1961	•••	•••	•••	•••	•••	•••	51		
1962	•••	• • •	•••	•••	•••	•••	40		
1963	•••	•••	•••	•••	•••	•••	69		
1964	•••	•••	•••	•••	•••	•••	40		
1965	•••	• • •	•••	•••	•••	•••	40		
1966	•••	•••	•••	•••	•••	•••	44		
1967	•••	•••	•••	•••	•••	•••	28		
1968	•••	•••	•••	•••	•••	•••	31		
1969	•••	•••	•••		•••	•••	32		

Mortality

During the year 3 deaths were certified to be due to pulmonary tuberculosis, representing a rate of 0.04 per 1,000 of the population, as compared with 0.04 in 1968.

Chest Clinic

During the year the Chest Physician examined 405 persons of whom 28 were eventually diagnosed as tuberculous. Attention continued to be paid to securing the attendance for examination of contacts of notified cases and 216 contacts were examined during the year. The tuberculosis visitors made 2,032 visits to homes of tuberculosis patients.

During the year 179 children received B.C.G. vaccination at the Chest Clinic.

The number of contacts examined and the number of home visits during the past few years is shown in the following table:—

Year			Con	tacts examined	Home Visits
1959	•••	•••	•••	323	3,149
1960	•••	•••	•••	240	2,923
1961	•••	•••	•••	452	2,844
1962	•••	•••		308	2,938
1963	•••	•••	•••	323	2,560
1964	•••	•••	•••	295	2,202
1965	•••	•••	•••	264	1,848
1966	•••	•••	•••	424	1,889
1967		•••	•••	306	1,831
1968	•••	•••	•••	289	1,572
1969	• • •	•••	•••	216	2,032

NON-PULMONARY TUBERCULOSIS

Incidence

During the year 5 new cases of non-pulmonary tuberculosis were notified as compared with none in 1968.

Mortality

No deaths were certified to be due to non-pulmonary tuberculosis.

Public Health (Prevention of Tuberculosis) Regulations, 1925

There was no occasion to take action under the above Regulations relating to tuberculous employees in the milk trade.

Public Health Act, 1936: Section 169/172.

No action was taken under this Section dealing with the compulsory removal of cases of tuberculosis to hospital.

PREVENTIVE, CARE AND AFTER-CARE SERVICES

Ascertainment of Contacts

In every case, after receipt of a notification, a visit is paid to the home with the object of tracing contacts and arrangements are made for their examination at the Chest Clinic. In the case of children under 15, the Chest Physician examines with a view to ascertaining whether B.C.G. vaccination should be given. Adults are referred to the Mass Miniature Radiography Unit for a chest X-Ray.

Special clinics are held twice weekly for children who are contacts of notified and known cases. By this means the children are kept separate from any known cases of tuberculosis while attending the Clinic.

The number of contacts examined in relation to the number of notified cases in recent years is as follows:—

Year	Cases Notified (Pulmonary)	Contacts examined
1959	111	323
1960	45	240
1961	51	452
1962	40	308
1963	69	323
1964	40	295
1965	40	264
1966	45	264 424
1967	28	306
1968	31	289
1969	32	216

TUBERCULOSIS MORTALITY, BOOTLE AND ENGLAND AND WALES, 1938—1969

Year	Death Rate from 7 per 1,00	Tuberculosis (All Forms) O population
2000	BOOTLE	England & Wales
1937	1.11	0.69
1938	1.05	0.63
1939	1.08	0.58
1940	1.03	0.67
1941	1.62	0.73
1942	1.37	0.65
1943	1.28	0.67
1944	1.14	0.63
1945	1.01	0.62
1946	1 · 20	0.55
1947	0.92	0.55
1948	0.92	0.51
1949	1.04	0.45
1950	0.88	0.36
1951	0.54	0.31
1952	0.53	0.24
1953	0.29	0.20
1954	0.27	0.18
1955	0.23	0.15
1956	0.11	0.12
1957	0.24	0.10
1958	0.09	0.10
1959	0.09	0.08
1960	0.15	0.07
1961	0.22	0.07
1962	0.18	0.07
1963	0.05	0.06
1964	0.07	0.05
1965	0.04	0.05
1966	0.08	0.05
1967	0.02	0.04
1968	0.04	0.03
1969	0.04	0.02

PUBLIC HEALTH (LEPROSY) REGULATIONS, 1966

These regulations became operative on the 1st March, 1966.

Leprosy was made notifiable in England and Wales in 1951, but all information concerning the incidence of this disease had to be sent directly by the general practitioner or the hospital doctor to the Chief Medical Officer of the Ministry of Health.

Under the new Public Health (Leprosy) Regulations, 1966, confidentiality will be maintained, but notifications will be sent instead to the Medical Officer of the Local Health Authority in which the patient is situated. The Medical Officer of Health will in turn transmit the information to the Chief Medical Officer of the Ministry of Health.

In this way any patient suffering from Leprosy will be brought within the scope of the Health and Welfare Services simply and immediately and, at the same time, the powers given to Medical Officers of Health in the Public Health Acts of 1936, and 1961, for preventing the spread of disease will now apply to Leprosy.

During the year there were no cases of Leprosy notified in the Borough.

VENEREAL DISEASES

The treatment of venereal disease became the responsibility of the Regional Hospital Board as from the 5th July, 1948. Facilities for the treatment of these diseases have been available to Bootle residents at a special clinic held at Bootle Hospital until the 31st December, 1965, when this clinic closed. Since the 1st January, 1966 the treatment of male patients has been undertaken at the Seamen's Dispensary, Liverpool, and the same facilities are available to female patients at the Liverpool Royal Infirmary and at the Newsham General Hospital. The special clinic of the Royal Infirmary, Liverpool also treats male patients.

The following tables show the number of new cases treated at the

Liverpool Venereal Diseases Clinics 1966 to 1969.

Total New Cases

19	66	19	067	1968 1969		969	
Male	Female	Male	Female	Male	Female	Male	Female
150	30	161	55	154	55	168	61
18	0	21	6	20)9	22	29

Seamen's Dispensary—Males

	1966	1967	1968	1969
New Patients Examined	106	123	117	120
New Cases—Syphilis		2	1	1
New Cases—Gonorrhoea	17	22	13	25
New Cases—Others Requiring treatment	89	99	103	94

Liverpool Royal Infirmary

	1966		1967		1968		1969	
	male	female	male	female	male	female	male	female
New Patients Examined	44	15	38	23	37	33	48	45
New Cases—Syphilis	2	_	3	2	2	3	1	2
New Cases—Gonorrhoea	12	5	12	8	11	11	14	11
New Cases—Others requiring treatment	30	10	23	13	24	19	33	32

Newsham General Hospital—Female

	1966	1967	1968	1969
New Patients Examined	15	22	22	16
New Cases—Syphilis		_	•••	-
New Cases—Gonorrhoea	3		4	4
New Cases—Others requiring treatment	12	22	18	12

BLIND WELFARE

The administration of the Council's Blind Welfare Scheme is the responsibility of the Welfare Committee.

The Medical Officer is indebted to the Chief Welfare Officer for the information in Part A of the following statement:—

A. Follow-up of Registered Blind and Partially Sighted Persons

		Cause of Disability				
		Cataract	Glaucoma	Retrolental Fibroplasia	Others	
(i)	Number of cases registered dur- ing the year in respect of which Section F. of Form B.D.8 re- commends:—					
	(a) No treatment	5	2	1	12	
	(b) Treatment (medical, surgical or optical)				1	
(ii)	Number of cases at (i) (b) above which on follow-up action have received treatment	_	- 1	- 1	1	

Total Number of Forms B.D.8 received during the year—1969—21

The following are the numbers of Blind and Partially-Sighted Persons on the registers at 31st December, 1969:—

Males Females

Total

Blind	Register:—
	dulta

	Adults		• • •	• • •	48	98	146
	Children	•••	•••	•••	1	2	3
			 1			100	1.40
			Total	•••	49	100	149
Par	tially-Sighte	d Regis	ster:—				
		ŭ			Males	Females	Total
	Adults	• • •	•••	•••	24	59	83
	Children	•••	•••	•••	5	2	7
			70 · / · 1		20		
			Total	•••	29	61	90

B. Ophthalmia Neonatorum

Total number of cases notified during the year-Nil.

EPILEPSY AND CEREBRAL PALSY

Epilepsy

It is difficult to assess the incidence of epilepsy as the condition is not notifiable, but the following statistics have been supplied by the Chief Welfare Officer:—

			Males	Females	Total
Domiciliary.		•••	11	9	20
Colony .		•••	6	5	11
			_	_	
	Total	•••	17	14	31

Cerebral Palsy

The incidence of this disease is not known completely as it is not notifiable. The Welfare Department have the following cases under supervision:—

			Males	Females	Total
Domiciliary	•••	•••	9	6	15
Institution			_		_

while the Education Department have records of 23 cases of whom 10 are receiving special educational treatment.

Assessment and Rehabilitation of Physically Handicapped Children

The Assessment Clinic which started at the Special Care Unit of St. Luke's Junior Training Centre on the 7th March, 1968 and moved to the Welfare Centre on the 23rd May 1968, continued to be held each Thursday morning at the Welfare Centre throughout the year.

The Clinic was staffed by Dr. B. Hughes, Mrs. M. E. Rice a school nurse who is in charge, Miss E. Holmes, a district nurse, Mrs. Mowatt, a home teacher. The staff had the able voluntary assistance of Mrs. Bowen, a retired teacher from St. Mary's Infant School, and of course, the mothers of the children.

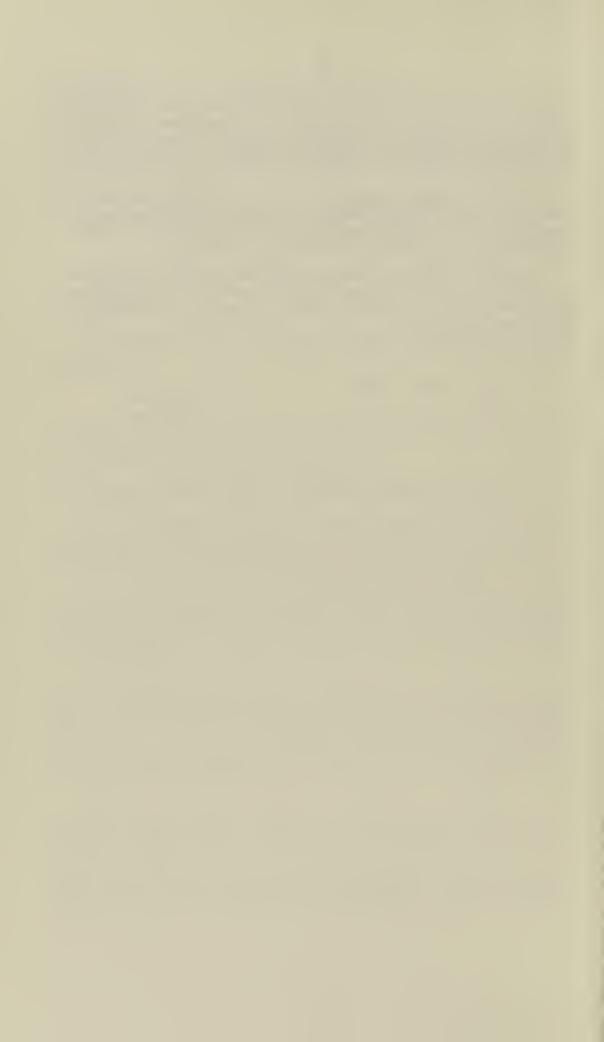
Steady progress was made in the rehabilitation programme during the year. The other activities of the Clinic continued as in the previous year. These included, the assessment of the needs of the individual child, instruction in individual rehabilitation, remedial exercises and play, association in play with other physically handicapped and normal children and short periods in small groups in educational activity with the home teacher, Mrs. Mowatt.

There was an average attendance of 18 handicapped children at each session during the year. In addition there were several toddlers, the brothers and sisters of the children whom mother could not leave alone at home. During the year five children attained school age and were admitted to schools for the physically handicapped. All were able to be independent with the assistance of their walking aids. Indeed two children progressed to the stage of being able to walk without a walking aid. One

boy left the Clinic on reaching the age of sixteen years and one child died during the year. All children attending the Assessment Clinic were medically examined by Dr. B. Hughes, and Miss E. Holmes made home visits to ensure that the children were practicing with the equipment between clinic sessions.

As in the previous year, mothers not acting as helpers are encouraged to socialise, and the "Coffee Morning" atmosphere with its exchange of conversation and experience has done much to increase the mothers' understanding of the problems associated with their child.

Once again, thanks to the untiring work and devotion of Mrs. Rice, the staff and voluntary helpers, the children attending the Assessment Clinic have shown considerable progress physically and socially, and gained benefit from it.



Environmental Health Service H. Parsonage, FRSH, MAPHI, Chief Public Health Inspector.

Foreword

Nuisances & Defects

Food & Drugs/Food Hygiene

Factories Act 1961

Offices Shops & Railway Premises Act 1963

Air Pollution

Housing

General

ENVIRONMENTAL HEALTH SERVICES

Report of the Chief Public Health Inspector

During the year further progress was made in the Council's Clean Air Programme. Two smoke control orders came into operation on the 1st June, in respect of two areas containing a total of 1,889 premises and covering 461 acres.

Since the commencement of the Programme, ten smoke control orders have been made and are in operation. These ten areas contain 8,040 premises and cover 1,570 acres, approximately half of the total area of the County Borough.

The amount of smoke and sulphur dioxide in the atmosphere is measured by means of the volumetric apparatus, and it is most encouraging to find that readings, taken over a number of years, indicate a substantial reduction of these pollutants in established smoke control areas.

Progress with slum clearance is being maintained, two compulsory purchase orders were made during the year in respect of 232 houses, occupied by 724 persons. It is hoped that the Council's current slum clearance programme will be completed by the end of 1973. More than 2,000 houses have been dealt with by way of slum clearance procedure since the commencement of the Programme.

During the year a Containerbase was established on land at Aintree Sorting Sidings and it is playing an important part in the new system of transportation of cargoes for export and import by the container method. It is the first inland clearance depot in South West Lancashire, extending across the Liverpool complex as far south as Widnes and including the Wirral. The base is run by Containerbase (Liverpool) Ltd., which was formed by a consortium of various shipping and inland transport interests. It provides a groupage container services and Customs clearances facilities. Imported food arriving at the Containerbase is subject to the provisions of the Imported Food Regulations which are now enforceable by local authorities and port health authorities. No longer is all imported food inspected at the docks. A very large volume of imported food is now inspected at inland container depots, similar to the one established at Bootle. The base has been operational since July, and during the six months ended in December, 634 containers of food were examined, amounting to 11,066 tons of food. Of this amount, only a very small percentage was found to be unfit for human consumption.

All premises to which the Offices, Shops and Railway Premises Act applies have received a general inspection and more than 1,000 visits of inspection were made to these premises during the year. Generally speaking, no serious difficulty has been experienced in the enforcement of the Act. Further details of the administration of this Act are set out elsewhere in this Report.

More than 1,525 visits of inspection were made to premises where food is prepared for sale, or sold, for the purpose of enforcing the provisions of the Food Hygiene Regulations. It was encouraging to find that standards of hygiene generally were being maintained, although there is still room for improvement, especially in the field of personal hygiene.

Several complaints were received of excessive noise or vibration. It must be accepted that a certain level of continuous background noise is inevitable in this mechanical age, but nevertheless there are many instances where excessive noise is created as a result of the lack of consideration for other people, or as a result of sheer carelessness. The serious effects of excessive noise and vibration should receive much more nation-wide publicity.

There were 2,335 complaints from householders, and notices were served in respect of 3,175 nuisances, a decrease of 597 nuisances on the previous year.

The number of complaints increased by 148. Of the 3,175 nuisances found, 2,434 were abated by the end of the year.

The provisions of the Public Health Acts and the Bootle Corporation Acts, which enable work to be carried out by default, or by agreement, have proved of great value, as the slow process of instituting legal proceedings is obviated, and conditions inimical to health are speedily removed.

I wish to place on record my appreciation of my Deputy, Mr. A. Downie, and of all members of the staff for their willing co-operation and enthusiasm in dealing with the increasing amount and complexity of the work in the County Borough.

The following pages contain details of the work of the Public Health Inspectorate during the year.

SUMMARY OF VISITS AND INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS, 1969

Statition Act	Visits	Notices Served	Served	Nuisances	nces	Contra	Contraventions	Notices	Notices Abated
TOT INCIDENCE	Inspections	Informal	Formal	Reported	Abated	Reported	Abated	Informal	Formal
PUBLIC HEALTH ACT 1936-61 Complaints Investigated	2,335	24	006	3,281	2,442	1		24	955
Inspections and Re-inspections	3,016								
FACTORIES ACTS Inspection of Factories (Mech.)	617						!		
Inspection of Factories (Non-Mech.)	88	01	ı	ïZ	ïZ	;=	4	-	ï
Inspection of Factory Outworkers	11								
FFICES, SHOPS AND RAILWAY PREMISES ACT General Inspections	337	91	ΞZ	IIN.	Ϊ́Ζ	146	146	91	91
: : : : : : : : : : : : : : : : : : : :	1,065	•	_						
FOOD HYGIENE (GENERAL) REGULATIONS, 1960 Routine Inspections	1,525	70	Z	īž	IIZ	124	124	20	20
CLEAN AIR ACT, 1956 No. of Visits and Inspections (1) Houses	2,199								
(2) Factories	9								
No. of Observations (1) Houses and (2) Factories	41	1	ı	l	ı	1	1	1	1
HOUSING ACTS Overcrowding	44	1				1		I	ı
Houses in Multiple Occupation, Visits and re-visits	119	II Z	ΞZ	Z.	ïZ	ΞZ	ΞZ	ïZ	Nii
Rooms measured for permitted numbers	175								
MISCELLANEOUS INSPECTIONS AND VISITS:— Atmospheric Recording Stations 432 Inspection of Corporation Houses, 489 Wolds, etc 322 Inspections re Housing Applications 4,691 Infectious Diseases Visits and Re-visits 299 Investigations for food complaints 4,691 Faccal specimens obtained for examination 227 Betting Shops 67	Noise Pet Stores Offensive Trades Merchandise Marks Act Diseases of Animals Demolition sites, etc. Nightdress Regulations No. of Removals arranged No. of Premises treated prior to removal Dust and Effluvia	tes		126 176 177 177 178 179 179 179 179 179 179 179 179 179 179	Verminous I Ants, F Pigeons Interviews o Examination Other Incide Prevention o) Complaints Premises inst	Verminous Infestations—Cockroaches, Ants, Fleas	nns—Cockro ntractors is s t by Pests A e by Pests A nd re-inspect	ies,	383 113 1,126 1,126 9,068

SUMMARY OF NUISA	NCES	AND	DEFE	ECTS	
Public Health Act, 1936					
Bootle Corporation Acts, Water Act.					
Choked/defective drains					135
Choked/defective rainwater pipe		e pipes	and gu	itters	450
Defective yard walls, doors, fran	nes	•••			82
Defective water closets	•••		• • •		346
Defective house roofs		• • •	•••	•••	299
Defects in domestic water supply	y	• • •	•••	•••	115
Defective yard surfaces		•••	•••	• • •	31
Dampness in dwellings		•••	•••	• • •	398
Defective plasterwork wall/ceilin	ıg	•••	•••	•••	269
Defective windows Other defects	•••	•••	•••	•••	259 789
T., 1., 4. A / T' 1/	•••	• • •	•••	•••	2
			•••	•••	
J	Total	•••	•••	• • •	3,175
Nuisances abated by owners		• • •		•••	2,378
Nuisances abated by Corporation	n (Def	ault/Re	equest)		64
7	Γotal	•••			*2,434
* Includes nuisances outsta	nding f	rom n	revious	vear	===
	nuing i	TOIN p	CVIOUS	year.	
Factories Act, 1961					2
Want of cleanliness	•••	•••	•••	•••	3
Inadequate Ventilation	•••	•••	• • •	• • •	1
Ineffective drainage of floors Sanitary Conveniences:	•••	•••	•••	•••	
(a) T					2
(a) Insumcient (b) Unsuitable or defective		•••	•••	•••	4
(c) Not separate for sexes	•••	•••	•••	•••	
Other offences (not including off				•••	
outworkers)				•••	
• • • • • • • • • • • • • • • • • • • •					

Food Hygiene (General) Regulations

Type of Premises	Visits	Notifica-	Contraventions		
Type of Tremises		¥ 15115	Served	Found	Abated
Bakehouses		156	1	16	16
Butchers		43	_		_
Cafes, Dining Rooms, Canteens		261	10	66	66
Cold Stores		25			
Fishmongers	•••	10		_	
Fish and Chips		56			_
Food Factories	•••	354	7	23	23
Fruiterers	• • •	43			_
Grocers		163	2	13	13
Ice Cream Premises and Hawkers		101		_	_
Licensed Premises		36	_	_	_
Milk Shops		37	_ \		-
Others		220			_
)		

FOOD AND DRUGS ADMINISTRATION

Food Sampling

The Public Analyst, Mr. J. F. Clark, M.Sc., F.R.I.C., examined 165 samples of food and drugs during the year, of which 13 were formal and 152 informal (Table 1). One sample of water was submitted for special analysis.

A total of four samples was reported as unsatisfactory:

Chicken	Grav	у	•••		• • •	•••	3
Polony				•••			1

TABLE 1

Informal Samples			Statuto	Statutory Samples	
Obtained	Adulterated or Sub- Standard	Article	Obtained	Adulterated or Other Irregularity	
10 4 4 13 2 14 28 4 3 3 4 5 2 17 5 8 4	- (d)	Bread, Flour and Flour Products Cream	1 2 1 3 6	2 (b) (c) — — — — — — — — — — — — — — — — — — —	
12 2		Sweet Confectionery Yogurt			
152	2		13	2	

NOTES: (a, b, c) Savoury Chicken Gravy—A preparation with a misleading label. Chicken extracts and meat absent, manufacturers informed. Commodity relabelled.

(d) Informal Sample. Slightly deficient of meat. Total Meat $48\frac{1}{2}\%$. Formal sample taken and found genuine.

In addition, 302 samples were submitted to the Public Health Laboratory Service for bacteriological examination (Table II).

TABLE II

Meat—open				• • •	• • •	1
Milk for Heat Treatment—	-Phos	sphatase	Test/	Turbidi	ity	94
Ice Cream and Water Ices					• • •	46
Public Baths Water		•••		•••	• • •	32
Liquid Egg—Pasteurised		•••		• • •	• • •	125
Canal Water		•••				4

The Liquid Egg (Pasteurisation) Regulations, 1963

There are two premises in the Borough where liquid egg is being pasteurised.

Altogether, 125 samples were obtained from the two plants and all satisfied the alpha amylase test.

Fertilisers and Feeding Stuffs Act, 1926

There is only one manufacturer of Animal Feeding Stuffs in the Borough.

—No. of Samples	4
—No. of samples	7
	11
	*

Public Health (Preservatives, etc., in Food) Regulations

The Public Analyst examined 88 samples submitted for evidence of preservatives.

Milk

Milk Supplies—There are 161 registered distributors of milk on the Register and 1 new licence was issued under the appropriate Special Designation Regulations, 1963, as amended.

There are no farms or shippons situated within the Borough boundaries.

There has been no infectious disease or food poisoning outbreak traced to the supply of milk within the Borough.

Milk Sampling

The examination of informal samples of milk is carried out in the Health Department by the Gerber process. Altogether, 72 samples were examined by this process with satisfactory results.

Altogether, 94 samples of milk were submitted for the Methylene Blue Test and 94 for the Phosphatase and Turbidity Tests to indicate the amount of heat treatment to which the milk has been subjected. All passed the Phosphatase Test, and 8 failed the Methylene Blue Test due to the storage temperature being more than 70°F.

School Milk—there were 30 samples of milk obtained from schools for bacteriological examination. All passed the Methylene Blue Test except for 5 which were void due to high storage temperature.

Ice Cream

Six samples of ice cream were submitted for chemical analysis, and 46 samples of ice cream were submitted for bacteriological examination.

The results of the 46 samples of ice cream submitted for bacteriological examination were as follows:- Grade 1, 17; Grade 2, 14; Grade 3, 9; Grade 4, 6.

Persons selling ice cream from vehicles are required to be registered in accordance with the Bootle Corporation Act, 1930.

There are 136 ice cream premises registered.

There are no manufacturers of ice cream in the Borough.

Registration of Food Preparation Premises

Premises registered under Section 16 of the Food and Drugs Act, 1955, total 125, which include premises used for the preparation of sausages, potted and preserved meat, fish and other foods, certain butchers' shops and food factories. There were 397 inspections made of these premises.

Unsound Food and Foreign Bodies

During the year 58 complaints were received from members of the public alleging the sale of unsound food or the finding of extraneous matter in food, and 149 visits were made regarding these complaints.

Prosecutions						
Complaint	Result of Proceedings					
Food and Drugs Act, 1955						
MOULDY CAKE—Sec. 2	£15 0s. 0d. fine.					
GAMMONS—Unfit for human consumption—seizure procedure—Secs. 8 and 9	£100 0s. 0d. fine.					
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966						
FOOD HAWKER'S VEHICLE—dirty conditions; no hot water; dirty equipment; unsatisfactory washing facilities; no first-aid equipment. FOOD HAWKER'S VEHICLE—dirty conditions; name and address not displayed; no hot water; not registered in accordance with Bootle	£37 0s. 0d. fine.					
Corporation Act.	arto os. ou. mic.					

Unsound Food—Condemned

During the year the following foodstuffs were condemned and voluntarily surrendered:—

Descript	tion (of Food	l		Tons	Cwts.	Qtrs.	Lb.
Meat (Raw) Fruit (Raw) & Veg Fish (Raw) Canned Food					1 _ _	11 13 11	3 2	11 26 3
Meat Fruit & Veg. Fish Milk Other Foods	•••	•••	•••	•••	1 - - -	11 19 — 16	1 2 1 1 1	10 20 27 4 6
Total Weight	•••	•••	•••		6	4	2	23

All condemned food is destroyed by burning at the Corporation's incinerator.

Licensed Premises

During the year 36 visits were made to the 48 licensed premises and 27 licensed clubs in the Borough.

Fish and Chip Shops

During the year 56 visits of inspection were made to the 34 fish and chip shops in the Borough.

Food Byelaws

Clean food byelaws made by the Council have been in operation since 28th May, 1951.

These byelaws were made for the purpose of "securing the observance of sanitary and cleanly conditions and practises in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption".

In general, no great difficulty has been experienced in enforcing the byelaws.

Slaughterhouses

There are no public or private slaughterhouses within the Borough.

Bakehouses

There were 10 bakehouses in the Borough at the end of the year. Visits of inspection amounted to 156, and informal action was taken in respect of 16 defects which have since been remedied.

List of Defects:

Lack of cleanliness				4
Unsuitable equipment	• • •	•••	•••	6
Insect infestation		• • •	•••	1
Broken and uneven floors				1
Unsuitable storage facilities		•••	•••	1
Inadequate protective clothin	g	•••		3

Some difficulty was experienced in persuading female food handlers to wear suitable head covering, or where suitable head coverings were provided to wear them correctly. Some of them wear the cap perched on the back of the head, rendering it ineffective for the purpose for which it was designed.

This problem has been partly overcome by the use of fine mesh hair nets which are designed to enclose the hair, and the linen or nylon head covering is worn over the net. A difficulty arises with male food handlers some of whom wear their hair quite long, sometimes shoulder length. They are reluctant, not unnaturally, to wear hair nets, but it is hoped to devise a head covering which is both acceptable to them and also satisfies food hygiene standards. In some cases male food handlers have had their hair cut, albeit reluctantly.

In some bakehouses where it has been found necessary to effect economies this has been achieved by reducing the number of staff engaged on cleaning duties, sometimes on the grounds that these employees are non-productive. Discussions have taken place with managements with the object of emphasising the vital importance of the work carried out by cleaning staff.

Food Factories

There were 21 Food Factories entered on the register at the end of the year. Altogether 354 visits of inspection were made to these premises, and informal action was taken in respect of 23 defects which have since been remedied.

List of Defects:

Want of cleanliness		•••	2
Floors requiring repair			2
		•••	7
Unsuitable protective clothing		•••	1
Unsuitable washing facilities.			2
First-aid equipment deficiencie	s	•••	5
Walls requiring decoration .		•••	4

The co-operation of managements in promptly reporting cases of food handlers suffering from, or suspected to be suffering from, certain infections is much appreciated. The careful and thorough investigation of all such notifications is considered to be of vital importance in the prevention of outbreaks of food poisoning.

Many improvements and extensions of food factories have been carried out during the year. In one factory which processes broiler chickens the most modern equipment available from Britain, Holland, Denmark and the United States of America has been installed. This

factory is said to be now one of the most modern broiler plants in Europe, and it has a very high standard of hygiene.

Several consignments of manufactured foods for export have been examined, and 'export certificates' issued in respect of those foods found to meet the requirements laid down by the importing countries.

Cafes and Canteens

There were 37 Canteens and 31 Cafes in the County Borough at the end of the year. There were also 7 Canteens situated on the Mersey Docks and Harbour Board Estate.

Visits of inspection amounted to 261, and informal action was taken in respect of 66 contraventions of the Food Hygiene (General) Regulations 1960, all of which have since been remedied:

List of Defects:

Insufficient sanitary accommodation	•••	5
Unsuitable ventilation		4
Food room communicating directly	with	
sleeping place	•••	1
Inadequate washing facilities		6
Unsuitable floor finishes	•••	5
Walls, ceilings requiring decoration	• • •	6
Lack of cleanliness	•••	14
First-aid equipment—deficiencies	•••	11
Unsuitable equipment		11
Unsatisfactory facilities for washing equip	ment	3

There was no evidence of any infection arising from the consumption of food on these premises during the year.

The canteens on the dock estate were the subject of major re-organisation, the 12 old canteen buildings are being replaced by 7 modern, well-equipped dining rooms, strategically sited to serve the same area of the dock estate. They are to be supplemented by several mess rooms each containing a range of coin-operated machines dispensing tea and coffee and other drinks.

Poultry Inspection

- (i) number of poultry processing premises—1.
- (ii) number of visits to these premises—63.
- (iii) total number of birds processed—4,690,000.
- (iv) types of birds processed—Broilers. percentage of birds rejected as unfit for human consumption—0.22%.

Weight of poultry condemned as unfit—35,850 lbs.

Inspection is carried out on the lines set out in the Ministry of Health Circular 22/61. Trained operators inspect every bird during process. Rejected birds are held for further inspection by the Public Health Inspector. Each bird is rendered insensible to pain by stunning with an electrical instrument before being slaughtered.

Food Hygiene (Gen.) Regs. 1960. Min. of Health Circ 1/67.

Category of Trade	No. of Premises	No. of Premises fitted to comply with Reg. 16	No. of Premises to which Reg. 19 applies	No. of Premises fitted to comply with Reg. 19
Bakehouses Butchers Cafes/Dining Rooms/Canteens Food Factories Fishmongers Fried Fish Shops Licensed Establishments Greengrocers Grocers Confectioners and Sweets	10	10	10	10
	53	53	53	53
	75	75	75	75
	21	21	21	21
	14	14	14	14
	33	33	33	33
	48	48	48	48
	47	47	47	47
	139	139	139	139
	98	98	98	98

Bootle Corporation Act, 1939

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Hawkers

There are 20 hawkers registered in accordance with the provisions of the Bootle Corporation Act, 1939. Altogether, 74 inspections were made during the year of registered hawkers, and itinerant traders passing through the Borough. 1 hawker was registered during the year.

Under the local Act, no person is permitted to carry on the business of a hawker for the sale of meat, meat food products, fish, fruit or vegetables within the Borough unless he is registered for such purpose, and premises used for the storage of food are also registered.

The main advantage of registration is that the vehicle and the food storage premises are inspected and, if necessary, brought up to the required standard before approval is given.

Imported Food Regulations, 1968

Inland Containerbase

During the year a Containerbase with Customs facilities was established on land at Aintree Sorting Sidings, Orrell, and it is playing an important part in the new system of transportation of cargoes for export and import by the container method.

All imported food arriving at the Containerbase is subject to examination, in accordance with the Imported Food Regulations, 1968, by the public health inspectors before being given health clearance.

The first phase of the base became operational in July, and set out

below are details of the number of containers and the amount of food examined.

In addition, a number of containers of food are dispatched from the port of entry direct to warehouses in the Borough and are inspected there. Only a very small percentage of food was found to be unfit for human consumption and had to be destroyed.

The system of notification and documentation is such as to ensure that prior warning of reasonable time is given of the arrival of imported food. This is especially important in the case of fresh fruit which, because of its perishable nature, must be examined as expeditiously as possible, and prior warning of its arrival enables arrangements to be made for this to be done.

Imported food received at Bootle is, at the present time, mainly from Australia, and includes the following:

		No.	of Containers	Weight in
			Inspected	Tons
Canned Fruit		• • •	530	9540
Dried Fruit		•••	70	1260
Fresh Fruit	• • •		44	396
Canned Meat			38	684
Bacon			23	207
Cereals			24	432
Others	•••	•••	43	762
			772	13281

The Chairman and Members of the Health Committee had the opportunity of seeing the Containerbase under actual working conditions when they visited it during the day of their Annual Inspection.

It is the intention to considerably extend the Containerbase in the near future, and the throughput of goods, both for export and import, will be greatly increased. The Department has been re-organised so as to deal with the additional work-load, but as the throughput increases substantially, the question of staffing will need to be reviewed.

		No.	of Containers	
			Inspected	Food (tons)
Containerbase	• • •	•••	634	11066
Warehouses			138	2215
				
TOTAL	•••	• • •	772	13281

FACTORIES ACT, 1961

	Number	Number of			
Premises (1)	on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	22	88	Nil	Nil	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	188	617	5	Nil	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	67	Nil	Nil	
Total	225	772	5	Nil	

2.

Particulars	Number	Number of cases in which			
Farticulars	Found	Remedied	Refe	prosecu- tions	
	Pound	Remedied	To H.M. Inspector	By H.M. Inspector	were instituted
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness	3	3	Nil	Nil	Nil
Overcrowding	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation	1	1	Nil	Nil	Nil
Ineffective drainage of floors	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences: (a) Insufficient	2	2	Nil	Nil	Nil
(b) Unsuitable or defective (c) Not separate for	4	4	Nil	Nil	Nil
sexes	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including off-					
ences relating to Outwork)	Nil	Nil	Nil	Nil	Nil
Total	10	10	Nil	Nil	Nil

Outwork

	Section 133			Section 134		
Nature of Work	No. of out- workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecu- tions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel: Making, etc	3	Nil	Nil	Nil	Nil	Nil
Cleaning and Washing	Nil	Nil	Nil	Nil	Nil	Nil
Household Linen	Nil	Nil	Nil	Nil	Nil	Nil

Factories

During the year 120 plans of proposed buildings were examined and amendments were recommended in 84 cases.

Outworkers

At the end of the year 9 outworkers were entered on the register, and 13 visits of inspection were made during the year.

Offensive Trades

There were 4 Offensive Trades established at the end of the year. The number of visits amounted to 23, and there were no complaints received concerning these trades:

List of Offensive Trades:

Rag Sorting	•••	• • •	•••	 ***	2
Soap Boiling	• • •			 •••	1
Fat Melting		•••	•••	 	1

Dust and Effluvia

Altogether, 93 visits were made to premises of various kinds to investigate complaints concerning the alleged emissions of dust and effluvia, mainly arising from factory processes.

The gases given off from drying ovens at a large factory manufacturing enamelled tin-plate caused considerable annoyance and nuisance to the inhabitants of the neighbourhood. There are several drying ovens at this factory each with a separate exhaust discharging at roof level. Many radical approaches to the removal of odour from the oven discharges were tried, among these were fume burning with or without the use of catalysts, absorption by means of activated charcoal, washing with a variety of solvents, oxidation by means of ozone, condensation by freezing out, ultra-violet light treatment, and odour pairing. None of these methods made any appreciable difference to the odour. It was found that the only method to give a real reduction was the use of a tall chimney, and this, after all the researching, was found to be the only economically viable system to use. It has been agreed to construct a tall chimney into which the exhaust from each oven will discharge.

Cyclone dust arrestors used in saw mills and joinery works caused considerable nuisance as a result of mechanical failure and the lack of proper maintenance.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1969

Registration and Inspection

During the year, 30 new offices were registered, 5 offices deleted, and

the number of persons employed in offices increased by 612.

Altogether, 39 shops were newly registered and 29 were deleted; 2 wholesale warehouses and 9 canteens were registered, and 1 canteen deleted. The number of visits of all kinds (including general inspections) amounted to 1065.

There has been a considerable amount of office development in the County Borough in recent years and this is reflected in the increase in the number of offices newly registered during the year and in the increase in the number of persons employed in these premises.

I have been requested by the Ministry to comment on our own

inspection arrangements.

The present system of routine inspections provides for a general inspection of the whole of the premises concerned as it is felt that this is more advantageous than a system of more frequent visits at the expense of a full inspection, although the total number of visits is, of course, reduced

over a given period.

Unfortunately, during 1969 the Inspectorate was seriously short of staff and it was not possible to maintain the frequency of inspection as was hoped, particularly inspection of shops. However, it is expected that the present staff difficulties will be, to some extent, resolved in the early part of 1970, when it should be possible to plan a programme of inspections which will provide for the inspection of each premises at least once a year. Apart from a cycle of routine inspections, it is within the knowledge of the inspectors engaged in this work that certain premises merit more frequent inspections than others.

During the initial general inspection, details of the premises were recorded on printed cards which are kept in the form of a register of premises; details of re-visits and other information are also entered on the cards. A number of printed forms are used on which to record, report on, and control inspections. As a further control measure, the register of cards is periodically checked by a clerk and where it is found that any premises have not been visited during the previous twelve months, the particular card is 'flagged' by means of a red 'signal'. This enables the inspector to see at a glance those premises which require a visit. This system, together with the system for the routine cycle of inspections is currently under review.

Operation of the General Provisions of the Act

Generally, no real difficulty has been experienced in the enforcement of the Act in premises occupied by large concerns, but some difficulty is still being met when dealing with some of the small traders, mainly because of the cost of providing additional facilities where only one or two persons are employed.

The following table sets out the type and number of contraventions found during the year.

Section	No. of Contraventions Found						
4	Lack of cleanliness	11					
6	Unsuitable temperature	17					
7	Inadequate ventilation	8					
8 9	Insufficient lighting	8					
_	Insufficient or unsuitable san. cons	11					
10	Insufficient or unsuitable washing facilities	9					
11	Insufficient supply of drinking water	2					
12	Lack of clothing accommodation	11					
16	Defective floors, passages and stairs	7					
17	Inadequate fencing of machinery	4					
24	Insufficient first-aid equipment	24					
	Miscellaneous	34					
	TOTAL	146					

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968, came into operation on the 28th May, 1969. In view of the importance of these Regulations, two Inspectors attended a one-day course held at the Safety Centre, Government Training Centre, Liverpool.

Lighting was the subject of an excellent booklet published by the Ministry in the early part of the year. It includes recommended standards of lighting which have proved particularly useful as a basis for discussion with owners and occupiers of office and shop premises with a view to improving standards of lighting. Excessive glare is proving a problem in a few instances. In one case, a chemist's shop, the dispenser complained of glare from a bare lamp fluorescent fitting. It was suggested to the occupier that a diffuser be fitted, but he objected to this on the grounds that a diffuser would reduce the amount of light for which he was paying! It was thought that this reasoning was unique to this particular individual, but an occupier of another quite different shop used exactly the same argument! Nevertheless, it is now generally recognised that, in the words of the Gower Report, "Good lighting is an investment which pays a handsome dividend to employers, and does not benefit their staffs alone".

A close and amicable relationship has been maintained with H.M. Factory Inspectorate and their willing co-operation in matters of joint concern is much appreciated by the public health inspectors.

Accidents

During the year 36 accidents were notified on form O.S.R.2. The injured persons comprised 6 men, 22 women and 8 girls.

The majority of accidents occurred in offices (14) followed by retail shops (9), warehouses accounted for 5, and the remaining 8 occurred in canteens and catering establishments. More accidents resulting from falls were reported than from any other single source (13); this has been the pattern for the past two years. In 10 cases the injured persons stepped upon, or struck against, an object; 8 persons were injured while handling goods; 1 person was struck by a falling object; 2 were injured by machinery; 1 was struck by a hand trolley and 1 was unspecified.

During the year all food shops were visited and advice given as to the fitting of guards to food slicing machines where this was found necessary.

Prosecutions

There were no prosecutions during the year.

STATISTICAL DATA

Table A REGISTRATIONS AND GENERAL INSPECTION

Table A	Class of Premises	Number of premises newly registered during the year (2)	Total Number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
	Offices Retail Shops	30 39	265 448	85 168
REGISTRATIONS AND GENERAL INSPECTIONS	Wholesale shops, ware- houses Catering establishments	2	56	25
TIVST ECTIONS	open to the public, canteens Fuel storage depots	9 —	75	59
	TOTALS	80	844	337

TABLE B NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL INSPECTIONS) TO REGISTERED PREMISES

1065

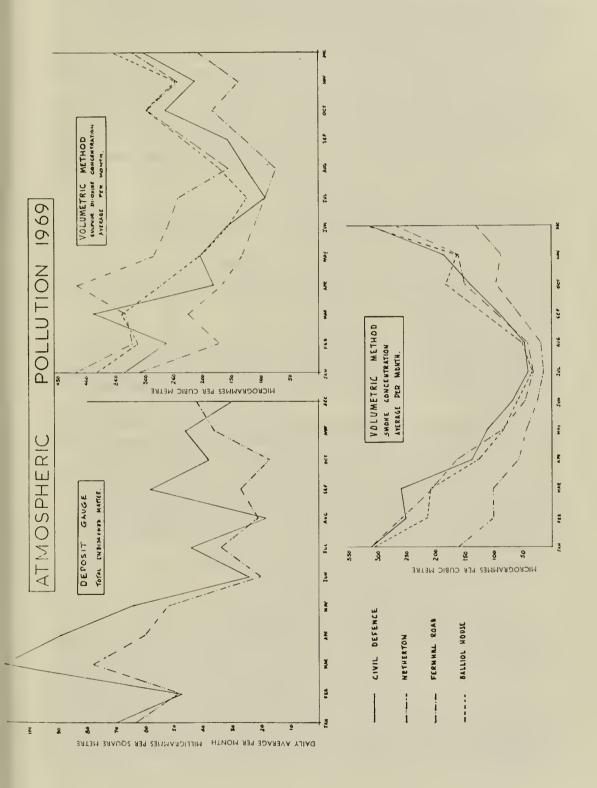
TABLE C ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

TABLE C	Class of Workplace	Number of persons employed
ANALYSIS BY WORKPLACE OF PERSONS EMPL- OYED IN REGIS- TERED PREMISES AT END OF YEAR	Offices Retail Shops	3,228 1,715 859 533 98
	TOTAL	6,423
	Total Males	2,856
	Total Females	3,567

TABLE F-STAFF

No. of inspectors appointed u	nder	Section	n 5	2 (1) o	r (5) o	of the Ac	t	6
No. of other staff employed	for	most	of	their	time	on work	c in	
connection with the Act								Nil

CLEAN AIR ACT 1968



ATMOSPHERIC POLLUTION

There are four stations established in the Borough for measuring and recording atmospheric pollution at selected sites as follows:—

- 1. Civil Defence, Knowsley Road-
 - (a) Standard deposit gauge;
 - (b) Smoke filter and volumetric apparatus for the measurement of smoke and sulphur dioxide.
- 2. Grammar School, Netherton—
 - (a) Standard deposit gauge;
 - (b) Semi-automatic smoke and sulphur dioxide 'multiport' 8 port valve sequential sampler.
- 3. Health Department, Balliol House—
 - (a) Semi-automatic smoke and sulphur dioxide 'multiport' 8 port valve sequential sampler.
- 4. St. George of England School, Fernhill Road-
 - (a) Semi-automatic smoke and sulphur dioxide 'multiport' 8 port valve sequential sampler.

Smoke Control Areas

On the 3rd July 1968 the Council made Smoke Control Orders in respect of the Bootle Smoke Control Area No. 9 and the Bootle (Sefton Estate) Smoke Control Area, both Orders came into operation on the 1st June 1969.

The Bootle Smoke Control Area comprises 1,052 premises, of which 643 are privately owned houses, 398 Corporation houses and 11 commercial and other premises. The area covers 185.8 acres.

The Bootle (Sefton Estate) Smoke Control Area comprises 837 premises, of which 823 are houses owned by the Corporation, 7 privately owned houses and 7 other premises. The Area covers 276 acres.

The Council offered their tenants a choice of appliances from the following:—

Electric fire with an electric immersion heater;

gas fire with an electric immersion heater;

fan assisted open fire for solid fuel;

underfloor draught open fire for solid fuel;

room heater (closed stove) for solid fuel;

In certain cases, old type oven ranges had to be replaced by modern tiled surrounds.

The Council adopted a new procedure for securing the conversion of firegrates in their houses. They negotiated directly with the National Coal Board, Merseyside and North Wales Electricity Board, and the North Western Gas Board, respectively, and contracts were agreed with these bodies for them to carry out the necessary conversions. This system is working satisfactorily and has proved time saving.

A survey has started on the next smoke control area, which contains 1,701 premises, covering an area of 130 acres, in the Klondyke area of the

Borough.

Consultations are taking place with the Council of the adjoining Urban District of Litherland for the making of a joint smoke control order, because of the unusual line of the Borough boundary. It is hoped that a Joint Order will be made by the respective Local Authorities early next year.

"Smoke Control" appears to be constantly in the minds of the residents of the Borough, judging by the numerous requests for information as to when their particular houses are coming within a smoke control area. This awareness and desire on the part of the public for a cleaner atmos-

phere is very encouraging indeed.

Progress Report

Area	Acreage	Premises	Date Council made Order	Date of Confirmation	Date of Operation
1	73	634	1/7/1959	17/6/1960	1/6/1961
2	61	637	1/7/1959	17/6/1960	1/6/1961
3	97.16	1,105	27/7/1960	15/5/1961	1/12/1961
4	307	989	7/3/1962	14/6/1962	1/6/1963
5	66	540	3/10/1962	26/4/1963	1/11/1963
6	170	568	4/3/1964	15/7/1964	1/7/1965
7	299	1,219	7/7/1965	9/12/1965	1/12/1966
8	36	459	27/6/1966	7/12/1966	1/11/1967
9	185.8	1,052	3/7/1968	9/10/1968	1/6/1969
SEFTON	276	837	5/7/1968	9/10/1968	1/6/1969

Industrial and Commercial Premises

Altogether 65 visits were made to industrial and commercial premises in connection with the Clean Air Act.

In 19 cases notice of intention to install new furnaces were received.

Clean Air Act, 1968

The Act received Royal Assent on the 25.10.68.

Sections 2, 6, 8 to 15, together with Schedule 1 (with the exception of paragraphs 2, 5, 8, 9 and 11) and Schedule 2, came into force on the 1st April 1969. The remaining provisions of the Act came into force on the 1.10.69. The Act amends and adds to the provisions of the Clean Air Act, 1956.

Chimney Heights (Section 6 Clean Air Act, 1968)

During the year 18 plans showing new chimneys were submitted for approval. In 7 cases amendments to the height of the chimneys were required having regard to the recommendations contained in the "Memorandum on Chimney Heights". These amendments were carried out in every case, and all 18 applications were approved.

Dark and Black Smoke

There were 20 contraventions of Section 1 of the Principal Act, but legal proceedings were not considered necessary as in all cases the contraventions were immediately remedied following visits by the Public Health Inspector.

HOUSING

2.

The provision of adequate housing accommodation still remains one of the most pressing needs of the Borough. The following information relating to applications for the tenancy of Corporation houses up to 31st December, 1969 has been supplied by the Housing Manager.

No. of applicants living in rooms inside the Boroug do. outside do.		1,257 382
Total No. of applicants living in rooms	•••	1,639
No. of applicants who are householders inside Borough		1,182
No. of applicants who are householders outside Borough	the	214
	•••	
Total No. of applicants who are householders	• • •	1,396
Total No. of applicants	•••	3,035

The total number of applicants on the waiting list increased during 1969 by 81, the total at the end of 1968 being 2854.

The Borough Architect has supplied the following information relating to houses erected during the year:—

Number of Dwellings erected (a) By Local Authority

	One Bedroom dwellings	• • •	•••	4	
	Two Bedroom dwellings			Nil	
	Three Bedroom dwellings	s	•••	78	
	Four Bedroom dwellings	• • •	•••	3	
		Total	• • •	85	
(b)	By other Authorities	•••		Nil	
(c)	By other Bodies or Persons	•••		32	
		Total	•••	117	
Nur	nber of Dwellings demolished				
(a)	By Local Authority			214	
(b)	By other Authorities		•••	50	(Prefabs)
(c)	By other Bodies or Persons	•••	•••	Nil	
		Total		264	

Slum Clearance

SUMMARY OF SLUM CLEARANCE PROGRESS

Year	No. of C.O.'s	No. of C.P.O.'s	No. of dwelling-houses	No. of persons to be displaced	No. of persons displaced	No. of houses demolished
1951	1		33	189	_	_
1952	_	_	_	_	_	
1953	<u></u>	1	83	383	292	33
1954	_	1	70	294	222	12
1955	5	1	122	574	258	68
1956	1	2	458	1725	654	134
1957	1	1	10	44	779	207
1958	_	_	_	_	1066	251
1959	_	2	176	797	1	54
1960	_	_	_	-	703	26
1961	2	_	6	11	72	130
1962	4	-	21	112	50	27
1963	1	3	378	1651	331	73
1964	_	2	10	45	756	14
1965	_			_	770	290
1966	-	2	123	720	144	83
1967	_	2	220	892	_	1
1968	_	4	110	405	1452	_
1 9 69	_	2	232	724	545	94
Totals	15	23	2052	8566	8095	1447

SUMMARY OF SLUM CLEARANCE OTHER THAN BY CLEARANCE ORDER OR COMPULSORY PURCHASE ORDER

Year	Closing Orders	Certs of Unfitness	Informal Action	No. of Dwellings	No. of persons displaced	No. of houses demolished
1951/65	10	15	28	53	178	34
1966	1	_	_	_	3	5
1967	3	_	_	2	20	_
1968	_	_		_	_	_
1969	_	_	_	_	10	_
TOTALS	14	15	28	55	211	39

Compulsory Purchase Orders

Two Compulsory Purchase Orders were made during the year:—

- The Bootle (Bootle Village Housing No. 5) C.P.O. 1969.
- The Bootle (Bootle Village Housing No. 6) C.P.O. 1969.

Closing Orders

No Closing Orders were made during the year.

Public Inquiry

As a result of objections to both the Bootle (Bootle Village Housing No. 5) Compulsory Purchase Order and the Bootle (Bootle Village Housing No. 6) Compulsory Purchase Order two Public Inquiries were held. The Bootle (Bootle Village Housing No. 5) Compulsory Purchase Order was confirmed with modification, and the other Order without modification.

Vandalism in Areas affected by Demolition

Vandalism is so prevalent that constant efforts must be made to combat it so as to ensure that conditions in the Area remain tolerable for those residents awaiting rehousing. As the main reason for the vandalism is to acquire commodities of value, arrangements have been made for anything of value to be removed as soon as the house is vacated, and for the Litter Patrol to remove any unwanted furniture, bedding, etc.; after which the vacant dwelling can be boarded up. Daily visits are made to the Area to ensure that all vacated premises are kept sealed.

In addition it has been found advisable to step up the cleansing and scavenging in the Area, and to ensure that street lighting is maintained.

Rent Act, 1957

	2	
Part 1—	-Applications for Certificates of Disrepair	
(1)		3
(2)	Number of decisions not to issue Certificates of Dis-	
	repair	Nil
(3)	Number of decisions to issue Certificates of Disrepair:	111
(3)		NT'1
	(a) in respect of some but not all defects	Nil
	(b) in respect of all defects	3
(4)	Number of undertakings given by Landlords under	
()	paragraph 5 of the First Schedule	1
(5)		-
(3)		NT:1
,	under proviso to paragraph 5 of the First Schedule	Nil
(6)	Number of Certificates of Disrepair issued	Nil
D . 11	And it and the Comment of Contiferation	
Part II-	-Applications for Cancellation of Certificates	
(7)	Applications by Landlords to Local Authority for can-	
(,)	cellation of Certificates of Disrepair	Nil
(0)		1 111
(8)		N.T'1
	Disrepair	Nil
(9)	Decisions by Local Authority to cancel in spite of	
	tenants' objection	Nil
(10)		Nil

Part III—Applications for Schedule	Certific	rates	under	Paragr	aph 8(2)	of the	First
(a) By Tenants(b) By Owners			•••	•••	•••		Nil 2
Applications Granted							NT:1
2.1	•••		• • •	•••	• • •		Nil 2
Houses in Multiple Occup	ation						
No. of houses visi No. of houses for No. of houses re	ound to	be	in mu	ltiple o	ccupatio	n	98 82
Code (Section No. of Statutory	n 12)						Nil
facilities (Sec	ction 15	5)		•	•••	•••	Nil
No. of references veyor regard fire (Section	ing prov	ision	of me	eans of	escape fr		2

Special Applications for Rehousing

During the year, 44 reports were made for consideration by the Medical Officer of Health in connection with applications for priority in rehousing. Besides being overcrowded, many cases had a record of chronic infection or other serious illness.

Municipal Houses

On a change of tenancy all municipal houses are inspected, and during the year 469 houses were visited. Of these, 338 were vacant at the time of visit and 322 habitation certificates were issued after treatment or repair of the premises. Altogether, 175 rooms were measured in corporation owned houses for the computation of permitted numbers of occupants, and special inspections were made as follows:

Dirty conditions in houses	3
Verminous infestation other than cockroaches	51
Cockroach infestation	130

The Borough Architect was notified in 136 cases regarding defects found on inspection of municipal houses.

Improvement of Dwellinghouses Housing Act 1969

The new Housing Act, 1969, came into operation on the 25th August, 1969. This Act makes provision for the improvement of dwellings and associated modifications in the rentals to be charged if improvements are carried out or if houses qualify regarding amenities and state of repair. The main advantageous factors in the Housing Act 1969 are with regard to increased available grants for improvements to dwellinghouses, together with arrangements for the payment of market value to owner-occupiers of dwellings affected by slum clearance.

Housing Act 1969 Quantication Certificates:	
No. of applications for qualification certificates under	40
Section 44(1) received	48
No. of applications for qualification certificates under	4.0
Section 44 (1) under consideration at the end of the year	48
No. of applications for qualification certificates under	N 711
Section 44(2) received	Nil
No. of applications for qualification certificates under	
Section 44(2) under consideration at the end of the	
year	Nil
No. of Qualification Certificates issued	Nil
No. of Provisional Qualification Certificates issued	Nil
No. of Qualification Certificates refused	Nil
No. of inspections for applications in respect of Improve-	
ment Grants under the Housing Act 1969	Nil
Housing Act, 1964 (Section 19):—	
No. of applications in respect of compulsory improvements	
to dwellings made by tenants	20
Housing (Financial Provisions) Act, 1958;	
House Purchase and Housing Act, 1959	
No. of inspections of dwellinghouses in respect of appli-	
cations for Standard Grants for improvements of	
	20
dwellings	20

General Housing Inspections

Altogether, 151 special inspections and reports were made of dwellinghouses after complaints were received. Apparently dangerous structures observed during routine inspections were notified to the Borough Engineer and Surveyor in respect of 87 premises, and in addition 45 notifications were forwarded regarding refuse collection and disposal; 31 notifications were forwarded in respect of dwellings affected by defects in street drains or sewers, and 11 regarding surface paving continguous to dwellings where complaints were received from tenants of dwellinghouses.

GENERAL

Noise Abatement

During the year 39 complaints were received concerning nuisance of excessive noise and vibration from a variety of sources, and 126 visits of investigation were made in connection with these complaints.

Thirty of these complaints were found to be justified, and in every case action was taken which resulted in the noise or vibration being reduced to acceptable limits.

Analysis of source of complaints:

	Industrial	Commercia	al Domestic	Total
Nuisances confirmed	19	7	4	30
Nuisances remedied	19	7	4	30

Noise from construction and development sites gave rise to complaint, mainly noise from the use of unmuffled pneumatic concrete breakers and unsilenced compressors. There is no valid reason why pneumatic concrete breakers should not be muffled. The use of mufflers are now common and they are relatively inexpensive and adaptable. Silenced compressors are now the rule rather than the exception, although these are not always used correctly, the sides, for example, being left open when the machine is in operation, thus nullifying the effect of the insulation.

Sheer carelessness is sometimes the cause of noise nuisance. In one case a number of residents were disturbed and distressed by the noise from a factory exhaust system which was left running throughout the night and at week-ends. Investigation revealed that the fans should have been switched off each evening and at week-ends, but someome had presumably forgotten to do this. The management has promised to impose stricter supervision.

The Nightdresses (Safety) Regulations, 1967

During the year 22 visits were made to shops within the Borough where children's nightdresses are offered for sale.

Common Lodging Houses

There are no registered common lodging houses within the County Borough.

Prosecutions for Non-abatement of Nuisances—Public Health Act, 1936, Section 93

Prosecutions have been reduced to a minimum by personal contact and also by the Corporation carrying out the work in default, as provided by statute.

There was one prosecution for non-abatement of sanitary nuisances during the year.

Disinfestation

The household effects of all persons living in houses which have been dealt with by way of slum clearance and re-development are disinfested before removal to new Corporation houses. In the past, household effects

were treated with cyanide, but this method proved too slow to keep pace with the speed with which the slum clearance programme was proceeding. The present method consists of spraying the entire house and its contents with an insecticide before removal. The spraying of the condemned houses is a precautionary measure to protect the demolition workers from the possibility of becoming infested with vermin. In addition, the new house is also sprayed to assist in preventing re-infestation, at least for an appreciable time. The cost of treatment and removal is borne by the Corporation.

It is now possible to treat and remove the household effects of 25 to 30 families a week as against 5 families under the old method of cyanide. The advantages of the new method are the elimination of the very real danger to human life; the saving in the actual cost of disinfestation; increased revenue from rents of Corporation houses which would otherwise be left empty for longer periods.

During the year the household effects of 336 families and their houses have been treated under the new method.

477 houses and the public baths were treated for cockroach infestation.

Special steps have been taken with regard to certain pests, including ants, bed bugs, house flies and lice. This service has been carried out by the local authority at a nominal fee, the occupiers being only too happy to have the pests removed, and 184 occupiers have paid to have their premises disinfested.

Canal Boats

There were no inspections of canal boats on the Leeds and Liverpool Canal within the Borough. Bootle is not a registration authority.

Stables

There is now only one stable in the Borough.

Exhumations

There were no exhumations during the year.

Pet Animals Act, 1951

There are 6 pet shops in the area, for which licences were issued during the year and 17 visits were made to this type of premises.

Pigeons

During the year 13 visits were made concerning nuisances caused by feral pigeons on domestic and commercial buildings.

Appropriate action was taken within the scope of Section 41 of the Bootle Corporation Act, 1959. Most of the visits to domestic premises have to be made during the hours of darkness when birds are roosting. The use of traps is still proving to be effective, although it is not always possible to find a suitable site that is out of reach of vandals.

Infectious disease

There were 125 cases of infectious disease investigated other than tuberculosis, and disinfections were carried out in 13 cases.

In dealing with outbreaks of food poisoning special investigations were carried out in the homes of food handlers, including the obtaining of specimens of faeces for bacteriological examination, in order to detect any possible carriers of disease in their families.

The local authority is responsible for the removal of all cases of infectious disease landed from ships in Bootle Docks.

Water Supply

The County Borough of Bootle is supplied with water by the Liverpool Corporation, the source being upland surfaces in North Wales and Lancashire. The water supply throughout the year has been satisfactory both in quality and quantity in all parts of the town.

All dwellinghouses within the Borough are supplied with water from the public mains direct to the houses.

The report of the Water Engineer, City of Liverpool, J. H. T. Stilgoe, M.I.C.E., M.I.W.E., has not been received.

Underground Water Supplies

There are 8 boreholes situated in the Borough, 6 of which are in constant use; the water is used for industrial purposes only.

The depths vary between 250 ft. and 600 ft. yielding supplies from 3,000 to 6,000 gallons per hour.

The pH values are from 7.2 to 7.7.

Sewerage and Sewage Disposal

The Borough Engineer has kindly supplied the following information:

The disposal of sewage for the major part of the Borough is by direct discharge to the tidal waters of the River Mersey through a number of outfalls in the Dock Estate. These sewerage facilities are adequate. The West Lancashire Rural District Council have a major regional scheme which in due course will relieve the Homer Green Sewage Works.

Public Swimming Baths

There is one Public Swimming Bath at Balliol Road containing two Swimming Pools 100 feet x 30 feet and 60 feet x 20 feet respectively.

Sea water from the River Mersey is used for filling, and the filtration and chlorination plants operate at a four-hourly turnover. Several checks of the chlorination content and pH value are made daily by the Baths Superintendent when the Swimming Pools are in use.

32 samples of the water from the Swimming Pools were taken for bacteriological examination, all of which were satisfactory.

Hairdresser and Barbers

Section 96 of the Bootle Corporation Act, 1959, provides that any person carrying on the business of hairdresser or barber shall be registered by the Corporation and the premises shall be so registered. The Corporation has made bye-laws to secure the cleanliness of premises registered under this section and of the instruments, towels and equipment used therein; and the cleanliness of the persons employed in such premises in regard to both themselves and their clothing. There are 55 registered premises and 20 visits of inspection were made.

Caravan Dwellings

There are no licensed caravan dwellers situated within the Borough, nor are there any sites for this purpose. Periodically fun fairs visit the parks and one other site, but as they are subject to special exemption, licensing is not required.

Rodent Control—The Prevention of Damage by Pests Act, 1949

There are four permanent rodent operators engaged in carrying out duties under the above mentioned enactment.

The staff are carrying out continuous visitations to premises in the Borough, and all factors giving rise to infestation are dealt with immediately. Many cases necessitate the taking up of floors, yard surfaces and passages, leading in some cases to extensive drainage repairs and reinstatement.

Systematic inspection of private dwelling houses continued and during the year 3,148 were inspected and re-inspected, 1,211 were found to be infested, 279 by rats and 932 by mice.

- (1) Sewer Treatment—During the year the sewers were again treated with fluoracetamide for rodent control, only one visit was made to each manhole. This was possible because the high percentage of clearance achieved with fluoracetamide in previous years made it unnecessary to pay more than one visit to each manhole. This has had the effect of greatly reducing the cost of the treatment of the sewers for rodent control. Altogether 2, 941 manholes were treated in this way.
- (2) Demolition Sites—The control of rats from sewers and drains during the demolition of Clearance Areas subject to Clearance Orders has been given special consideration, so as to avoid the possibility of any new building or adjacent property from becoming infested.

All owners of the properties concerned are requested, in writing, to inform the Health Department of the proposed date of demolition, and they are also informed of the Department's requirements as to the sealing of the drains. Before the drains are sealed, each drain inlet is baited with a rodenticide, and the actual sealing of the drains is carried out under the supervision of a Public Health Inspector; 128 drains were sealed in this manner.

Rabbits, Flies, Cockroaches, Crickets, Rats

The Whabbs Tip was treated by the staff for the above infestations at regular intervals.

Public Conveniences

There are 16 public conveniences under the supervision of the department; all of these provide for males and six of them also make provision for females.

The public convenience staff consists of 5 men and 3 women. They cleanse every public convenience at least twice a day, and in special cases three times a day. Their work was made more difficult by the ever increasing amount of vandalism which took place almost continually throughout the year, necessitating the closing down of conveniences for short periods to enable repair works to be carried out.



School Health Service

General
School Attendance & Population
Medical Inspections
Medical Treatment
Infectious Diseases/Immunisation
School Dental Service
Handicapped Pupils
Miscellaneous
Annual Statistics

GENERAL INFORMATION

Cost

The gross cost of medical inspection and treatment for the twelve months ended March 31st, 1969, was £38,173 compared with £36,038 for the preceding year. Sundry receipts totalled £648 compared with £623 for the preceding year. The net cost per child based on the number on the school rolls was £2 8s. 1d., and the net cost in terms of a penny rate was 2.78d.

Clinic Sessions Held

Glover's Lane	By staff of local health authority	Daily a.m.	Daily Thursday p.m. k during school
School Medical Offices Balliol Road	By staff of local health authority	Daily a.m.	Daily —
School Me Ballio	Under arrange- ments made with the Liverpool Regional Hospital Board		
Health Centre Knowsley Road	By staff of local health authority	Daily a.m.	Daily — At St. George of terms.
	Examination and/or treatment	A. Minor ailment and other non-specialist examination or treatment	B. Dental D. Ophthalmic

SCHOOL ATTENDANCE AND POPULATION

The following statement records the attendance position in January, 1970, and shows a decrease of 52 on the combined rolls of the Primary and Secondary Schools as compared with the previous year. There were also 127 children on the roll of St. Paul's School for educationally subnormal pupils.

Primary Schools—		Number		No. on Rolls		Average Ittendance
County		19		3955		3559
Voluntary	•••	20		5802	•••	5154
		39		9757		8713
						
Secondary Schools—						
County	•••	6		3405		2946
Voluntary		6		2710		2373
		12		6115		5319
St Paul's School (all ages)	•••	1	•••	127	• • •	105
Number on Rolls (all schools)	•••		15872		

MEDICAL INSPECTIONS

A statistical summary of the findings of medical inspection and of the kind of treatment required will be obtained in the Ministry of Education Returns at the end of this Report.

Periodic Medical Inspections

The periodic medical inspections of school children in the three age groups has been continued, and during the year the number of inspections totalled 4,232. The number of children inspected in each group was as follows:—

Entrants	 	1993
Intermediate	 	851
Seniors	 	1279

Routine inspections were carried out on a further 109 children outside these groups and included the children attending nursery classes.

The system of periodic medical inspections has been under consideration for a number of years. Some Authorities have adopted a scheme giving a full medical inspection to all school entrants and school leavers but at the intermediate stage pupils for full medical inspection are selected following a questionnaire to parents who are asked to record the child's recent illnesses and indicate if they wish an examination carried out. Any child referred by a school teacher or school nurse is also examined at this stage.

This scheme, to be satisfactory, necessitates regular visits by a medical officer to the schools concerned. It is difficult to maintain this continuity when the medical officers are mainly employed on a part-time basis. The parents on the whole welcome the routine inspections and at the intermediate examination there is the opportunity for the parents to discuss the problems of the young people before they embark on the stormy stage of adolescence.

Special Examinations

The number of children presented for special inspection was 4,227 as compared with 3,996 in the preceding year. Special examinations are those carried out at the request of a parent, teacher, doctor, nurse or other person, and also include the examination of children referred for the following reasons:—

Fitness for employment and	entert	ainmer	nt	•••	87
Ascertainment of educationa	l subi	iormali	ty	•••	62
Psychiatric Assessment	• • •		•••		6
Freedom from Infection		•••	• • •		204
Boarding-out examinations		•••	•••	•••	56

Re-Examinations

5,140 children, who following examination either in school or at the clinic were referred for treatment or further examination were re-examined during the year, compared with 6,428 during the previous year.

In addition, the Director of Education was supplied with medical histories of 3 juvenile offenders. The decrease in the number of reports on juvenile offenders in the last three years is due to the fact that reports are only requested on those offenders where there is a question of medical responsibility whereas in previous years a report was submitted on all offenders.

The following table shows the number of these reports submitted during the past five years:—

1969	•••		•••	3
1968		•••	•••	4
1967			•••	7
1966	•••		•••	19
1965		•••		40
1964		•••	•••	129

General Condition

It will be noted in the Department of Education and Science Statistical returns Part 1 table A on page 120 that out of a total of 4,232 children examined, none were grouped as in unsatisfactory condition.

Comparative Heights and Weights

				ВО	YS		
YEAR		Infants			nary vers	Secondary Leavers	
		Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
		cm.	kg.	cm.	kg.	cm.	kg.
1969	•••	113.1	20.5	138.8	33.8	161.8	48.9
1968	• • •	111.0	20.3	138.1	33.3	163.0	54.5
1967	• • •	111.7	20.1	138.3	33.2	163.1	53.0
1966	•••	111.1	20.2	137.4	32.4	161.4	51.8
1965	•••	110.7	19.9	137.1	32.9	161.3	52.3
1964		110.6	20.0	132.4	31.2	160.4	51.0
1963	• • •	110.3	20.0	136.7	32.5	159.4	49.8
1962		110.7	19.9	138.3	33.3	159.7	50.5
1961	•••	112.2	20.2	139.0	33.8	156.2	47.7
1960	•••	112.6	20.6	139.5	33.9	157.4	48.4

		GIRLS					
YEAR		Infants			nary vers	Secondary Leavers	
11	77 110	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
		cm.	kg.	cm.	kg.	cm.	kg.
1969	•••	113.1	20.1	138.8	33.4	153.0	55.1
1968		110.0	19.6	139.0	33.6	157.0	52.2
1967		110.3	19.4	138.2	33.9	157.1	52.1
1966		110.1	19.6	137.8	33.3	157.6	52.7
1965		110.0	19.5	135.8	32.5	157.4	52.4
1964	• • •	109.4	19.3	133.9	32.4	156.5	51.5
1963		113.5	20.0	138.0	32.0	155.8	50.1
1962		109.9	19.5	138.4	33.3	156.4	51.7
1961		111.0	19.2	139.6	34.4	156.4	50.1
1960	•••	111.2	19.8	139.8	34.7	155.3	49.9

Hygiene Inspections

The total number of examinations of children in the schools by school nurses for verminous conditions was 46,313, and there were 701 instances in which the children were noted as unclean.

The following table gives the comparable figures for the past ten years.

Year	Number of heads inspected	Number of heads found to be unclean	Mean number on school rolls
1969	46313	701	15828
1968	44391	604	15924
1967	48410	984	16001
1966	44414	995	16059
1965	43427	612	15800
1964	39517	645	15828
1963	41841	682	15591
1962	33683	626	15145
1961	38872	1101	15096
1960	40210	797	14769

In the majority of the children found to be unclean the cause was nits in their hair. When a case of infestation is found, a note is sent to the parents with instructions on how to cleanse the child's hair. If there is no improvement with treatment or the child becomes re-infested the school nurse visits the home, where, because of the high infectivity of the condition, she often finds cases among the other members of the family. It is essential that all cases in a family receive treatment and the usual

method is "Lorexane" hair lotion applied to the hair, left on for three days, and then the hair is shampooed with "Lorexane" Shampoo.

Audiometry

Hearing tests are carried out as a routine at the Infant Welfare clinics; particular attention is paid to babies on the "at risk" register and to those children whose speech development is slow. Pure tone audiometry is undertaken by the school nurses on the eight year old children. If a defect of hearing is found, the test is repeated and the child examined by a medical officer and if necessary referred to the family doctor or to a consultant for further investigation. During the year 1614 audiometry tests were carried out in schools or at the clinics. A total of 27 children were referred for consultant opinion.

There are 5 deaf school children and 12 with partial hearing attending special schools in other areas.

Of the 59 children found at the routine inspections to require observation or treatment for deafness, the majority had a mild form; but it is essential that the teacher should be aware of the disability and that the child should be suitably positioned in class.

The cause in many cases was a mild infection of the middle ear which is often the aftermath of measles or other upper respiratory infection. The next decade could see the elimination of deafness from this cause as clean air programmes progress, classes in infant schools become smaller and measles vaccination is carried out in the second year of life.

Children in Care

56 children boarded-out with foster parents were examined during the year at the request of the Children's Officer.

Employment of Children and Young Persons

During the year 57 boys and 30 girls desiring employment as messengers, were examined, and certificates of fitness were granted in all cases. These interviews gave an opportunity for advice to be given on health education. For some children it is a useful method of giving them an insight into the adult world of employment.

School Health Service and the Youth Employment Bureau

A close liaison is maintained between all those who are concerned with the welfare of the school leavers. Case conferences are held, attended by representatives from the Departments of Health, Education, Welfare and from the Youth Employment Bureau; and the future employment needs of all school leavers with physical or mental handicaps are then considered.

MEDICAL TREATMENT

Minor Ailments

These clinics are held every morning from 9 a.m. to 10.15 a.m. at each of the three clinic centres. Whenever possible a medical officer is present to supervise the treatment undertaken by the nurses, and in particular the verrucae. In addition, it is a period of time when the doctor is available to discuss various problems with other members of the staff, head teachers, parents and social workers. Frequently too, child guidance supervision, medical examinations and reports are completed during the sessions.

During the year the clinics dealt with 3,806 defects, amongst which 51.23% were minor septic infections of the skin. The attendances numbered 13,863 excluding 124 attendances of children below school age, as compared with a total of 14,432 in 1968, 314 exclusion certificates were given.

Skin Diseases

6 cases of ringworm, 175 of scabies, 180 of impetigo were treated during the year. In addition there were 1,594 cases of other skin diseases including warts and verrucae.

Verrucae

The incidence of verrucae continues high. The children's feet are inspected regularly by the physical education instructors, and all cases are referred for treatment to the minor ailment clinics. The treatment is time consuming, as usually six attendances are required. Advice on foot hygiene is given in the schools and at the clinics.

The following figures show the incidence of verrucae since 1960.

Year	Boys	Girls	Total
1969	147	175	322
1968	144	176	320
1967	149	189	348
1966	112	187	299
1965	80	140	220
1964	49	105	154
1963	23	63	86
1962	25	49	74
1961	26	42	68
1960	19	37	56

Scabies

The incidence of scabies has increased further this year and particular care has to be taken at cleanliness inspections to make sure that all cases receive treatment. When a case occurs, a routine check is made on all the other children in the class. The home is visited by the nurse and the other children in the family are examined. Cases are referred to the clinic or to the family doctor for treatment.

The prevention of scabies is best obtained by increasing vigilance, early diagnosis and rapid treatment in every case.

The incidence of scabies among school children is shown in the following table:—The yearly incidence is shown from 1944.

Year	No. of cases	Year	No. of cases
1969	175	1956	26
1968	111	1955	43
1967	78	1954	25
1966	90	1953	22
1965	74	1952	10
1964	24	1951	8
1963	18	1950	9
1962	13	1949	25
1961	8	1948	40
1960	33	1947	76
1959	20	1946	159
1958	33	1945	201
1957	40	1944	382

VISION AND EYE DEFECTS

Vision

The vision of the children is examined at regular intervals during their school career by the School Nurses, and if a defect is found, they are referred to the School Medical Officer or the Ophthalmic Surgeon for further examination. The results of the inspections during the year were as follows:—

Age Group			Number examined	Referred for further examination
6 years			1644	40
8 years		•••	1344	75
11 years			851	44
13 years	• • •	•••	1376	30
Senior leavers		•••	1279	59
Total			6494	248

At routine inspection 36 cases of mild inflammatory conditions of the external eye were observed, and a further 153 cases were treated at the minor ailment clinics. 171 children were found to have a squint.

Specialist Ophthalmic Clinic

Once again I must thank Mr. Ernest Allan who has been the consulting ophthalmic surgeon to the local education authority since 1921. In addition to the valuable professional service he has contributed, his courtesy and kindness has always been appreciated by the children and the staff. He reports:

"It is very gratifying to find a total absence of severe external eye diseases; quite a different state of affairs than from a few decades ago. Undoubtedly, this has been brought about by the local health services both at home and in clinics.

Let me say a word about faulty posture. Faulty posture is prevalent in practically all schools, and this is one of the causes of headaches in school-children. Incidentally, it makes the short-sighted child more short-sighted, and causes a good deal of strain in the child who has to wear glasses.

All teachers should be instructed to see that the children when doing close work hold the work well forward and the head well back".

335 new cases were referred to the clinic, and the total number of attendances during the year was 1495. All children with glasses have their visual acuity tested by Mr. Allan once a year, while the cases of myopia receive a full examination more frequently.

Ear Nose and Throat Defects

During the year in the course of the routine school inspections 59 children were found to have a degree of deafness which required treatment or observation. 112 children had signs of otitis media, (infection of the middle ear) and there were 106 with other ear defects; a number of these were due to the presence of wax.

106 cases were referred to the Consultant E.N.T. Surgeon, Mr. F. Bauer at Stanley Hospital, whilst one case was referred to Alder Hey Children's Hospital and one case to the Royal Liverpool Childrens Hospital. The reasons for referral were as follows: Otorrhoea 18, other ear defects 6, defects of nose and throat, 42, enlarged tonsils and adenoids 20, deafness 22.

At periodic inspections during the year disease of both tonsils and adenoids was detected in 3.8 % of the children. 33 cases were known to have received operative treatment as in-patients at local hospitals.

Orthopaedic Defects

During the year 21 orthopaedic sessions were held at the School Medical Clinic, Balliol Road, under the supervision of Mr. F. C. Dwyer the consultant orthopaedic surgeon. A total of 474 children were referred to the clinic, and of these 82 were discharged while 396 were advised to remain under treatment and supervision. 46 cases were referred to hospital for further investigation or treatment.

In the early years of the school medical service, the majority of children attended with gross crippling diseases such as osseous tuberculosis, rickets and osteomyelitis; now these diseases are rare, and the emphasis at the clinic is on the prevention of deformity.

Children are in the main referred following routine school medical inspections or examinations at the infant welfare clinics, and the majority have minor defects of the feet and legs, which when treated at an early stage, provide an excellent example of the value of preventive medicine.

B.C.G.

In accordance with the recommendation of the Ministry of Health in Circular 19/64, B.C.G. vaccination is offered to all children aged 13 years, and to older children who have not previously been protected. This year 941 children were offered B.C.G. vaccination and 849 accepted.

The following figures relate to the work undertaken during the year in comparison to previous years.

Number of children offer-	1969	1968	1967	1966	1965	1964	1963
ed B.C.G	941	1,302	1,142	1,153	1,197	1,188	1,118
Number of acceptances	849	1,171	1,013	1,012	961	975	903
% of acceptance rate	90	89	89	88	83	82	80
Number of children skin							
tested	649	911	811	761	770	805	734
Number of children with							
positive reactions	28	46	48	84	176	267	233
Number of children with	614	965	7()	(77	504	52 0	501
negative reactions	614	865	763	677	594	538	501
% of positive reactors	4.4	5.0	5.9	10.2	20.8	33.1	31.7
No. of children X-rayed	22	32	30	62	106	183	173
No. of children with T.B.		_			_		1

It is gratifying to observe the marked fall in the number of positive reactors as this is an indication of a reduced incidence of tuberculosis in the community. It is however a matter of regret that so many parents refuse to allow their children to be protected.

Tracing of Contacts of Tuberculosis cases

When a school child is notified as having tuberculosis, all the children in the same class are given a Heaf Test, and if this is positive, they are referred for further investigation. Children who have had B.C.G. are x-rayed. Teachers in contact are also referred for chest examination.

INFECTIOUS DISEASE AND IMMUNISATION

Infectious Diseases

The number of notified cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures for the previous five years.

		1969	1968	1967	1966	1965	1964
Scarlet Fever	• • •	7	9	9	13	5	23
Diphtheria		_		_			
Measles	•••	32	64	151	33	138	184
Dysentery		_	3	1	4	1	1
Pneumonia	•••				—	2	2
Food Poisoning	•••	11	_	_		2	1
Poliomyelitis		_	_	_	—		_
Whooping Cough		_	11	18	10	8	8
Pulmonary T.B	• • •	4	3	_	5	2	1
Non Pulmonary T.B.		_	_	_	—	1	_
Infective Hepatitis		16	11	Notifiable	with	effect fr	om
						15.6	.1968.

The general incidence of infectious disease amongst school children was again at a satisfactory low level, and no cases of poliomyelitis or diphtheria were notified during the year. This standard can only be maintained by a high level of inoculation against these diseases and parents are advised to make sure that their children receive the benefit of the protection which is offered.

Dysentery and food poisoning are both diseases which are not always notified, and the incidence may well be higher than that indicated.

Infective Hepatitis

The Minister of Health through the Public Health (Infective Jaundice) Regulations 1968 made this disease generally notifiable as from the 15th June 1968. During the year 22 cases were notified, 16 of these were schoolchildren, 3 under school age and the remaining 3 were adults. All known cases were visited by a public health inspector who investigated the cause and gave general advice on hygiene, and a leaflet giving further information was given to the parents.

HANDICAPPED PUPILS

The definition of the various categories of handicapped pupils is set forth in paragraph 4 of Part II of the Handicapped Pupils and Special School Regulations, 1959 (which came into operation on the 1st April, 1959) and the numbers on the Register at the end of the year are as follows:

								Boy.	S	Girl	S	Total
(a)	Blind		••	•••	•••		•••	1	•••	2	•••	3
(b)	Partially	Sight	ed		•••			6		2		8
(c)	Deaf				•••	•••	•••	2		3	•••	5
(d)	Partially	Heari	ing			•••	• • •	8		4	•••	12
(e)	Education	nally	Sub	-No	rmal		•••	79	• • •	64	•••	143
(f)	Epileptic		••	• • •			• • •	3		2		5
(g)	Maladju	sted .	••	• • •	•••	•••	•••	3	• • •	8	•••	11
(h)	Physical	y Har	ndic	app	ed	•••	•••	27	•••	11		38
(j)	Delicate				•••	•••	•••	7		2		9
								106				
								136		98		234

118 boys and 81 girls are attending Special Schools and Hospital Schools.

Physically Handicapped

Ascertainment of physically handicapped children who are in need of special education is carried out by the Medical Officers. It is desirable to examine these children as soon as possible after the age of two years. There is then time for observation, assessment and rehabilitation of each child, before the decision is taken at 5 years as to his education requirements.

Physically handicapped children are educated in special day or residential schools for the physically handicapped and at present places for Bootle children are found in the schools of neighbouring authorities. A Day Special School is planned for Bootle and this when built will allow many of these children to be educated nearer home and ensure a closer supervision of their progress.

Today the lives of many children born with a congenital abnormality of the spine and nervous system known as spina bifida can be saved by surgery at an early age. In some cases however physical handicap remains and provision for their education has to be planned as they reach school age.

In 1969, 25 children were in this category of physically handicapped requiring special schooling and they attended schools as follows:—

Residential Schools:			Boys	Girls
Greenbank, Liverpool			5	2
Thomas Delarue			1	_
Hinwick Hall			1	—
Bethesda				—
West Kirby Hospital School			2	1
Southport Hospital School	• • •	•••	—	
Total			9	3
Day Schools:			Boys	Girls
Fazakerley, Liverpool	•••		6	1
Sandfield Park, Liverpool			3	3
St. Paul's Day E.S.N			_	_
Total			9	4

SCHOOL DENTAL SERVICE

Report of Mr. D. N. Maxfield, Principal School Dental Officer.

School Dental Service

The school dental work was carried out by an equivalent effective strength of approximately 15 dental officers. Miss U. Brayshaw, who worked whole-time, and Mrs. M. Birkinhead, who worked part-time, both resigned during the year and were not replaced. Unfortunately, therefore, less work was able to be carried out, although output of work per dental officer was increased.

The demand for dental treatment at Netherton has again been the greatest and once again it should be pointed out the importance of replacing the "temporary clinic" by a new clinic where the facilities and equipment are in keeping with modern-day requirements. Only in this way will it be possible to attract new and permanent recruits to the school dental service.

Thanks should once again be given to Dr. A. Bushby for her valuable services in giving dental anaesthetics.

EDUCATIONALLY SUBNORMAL

St. Paul's Day Special School Report of Mr. G. E. Newns, Headmaster

Accommodation	• • •			•••	• • •	120
No. of pupils on roll	in De	cember	1969			126
New admissions dur	ing 196	59	• • •			29

Pupils have continued to take part in various activities with other special schools on Merseyside, several exhibitions have been held during the year, when the work of the pupils has been on view to parents and friends. The Youth Club activities have continued, and this year have included visits to clubs attached to special schools in Kirby, and in return the pupils have received members of these clubs here in Bootle.

It is the practice to hold evening sessions to which parents are invited for counselling purposes. Unfortunately during the year only a moderate response resulted from our invitations.

After care of former pupils as ever occupies an important part of the service operated at the school, during the year it has been less difficult to obtain suitable employment for school leavers, and this is probably partly due to the present economic situation.

Educational visits of pupils to places of interest within the community to supplement the work done in the school and further the pupils education, have continued during the year, in spite of a large number of staff changes.

During the year the happy interchange of visits with the staff of the Junior Training Centre has continued to the mutual benefit of both schools.

Transport

Transport to various schools in the Liverpool and Bootle area is provided for approximately 60 children whom the Education Committee have adjudged, on consideration of the Principal School Medical Officer's recommendation to be unable to travel to school in the normal way because of their particular handicaps. The children are transported by mini-buses.

Home Teaching

Home teaching was being provided for 11 children who, for medical reasons or because of difficulty of placement, were not on the rolls of Special Schools. Home teaching is normally for two sessions per week (two hours per session), and at present, 7 teachers are engaged in this work.

Hospital Tuition

Where education is provided for children over the age of two years in hospitals in the area, the Education Committee accepts financial responsibility for Bootle children.

Child Guidance

This service deals with children who are showing problems of personality and behaviour, or of learning. A total of 35 children were treated during the year by Consultant Psychiatrists attached to local hospitals. 27 of these cases attended the Department of Psychological Medicine at Alder Hey Children's Hospital. In addition supervision of these children is maintained by the School Medical Officers.

There is a close co-operation between the members of the various social agencies who may be concerned with these children. These include the school nurses, the education welfare officers, children's officers, probation officers, the local inspector of the National Society for the Prevention of Cruelty to Children, the youth employment officers, school teachers and officers of the Police Juvenile Liaison scheme.

MISCELLANEOUS

Convalescence

During the year 3 school children were referred for convalescence.

As the standard of living has risen during recent years, there has been less call for convalescence. There are still a few children, however, who benefit from the change of diet and environment.

Clothing and Footwear

The number of pupils assisted under the Authority's scheme, in accordance with the provisions of the Education (Miscellaneous Provisions) Act, 1948, in the period January—December, 1969 was as follows:—

TOTAL APPLICATIONS ... 1314 (compared with 1135 last year).

TOTAL CHILDREN DEALT

with ... 1284 (compared with 1088 last year—includes 7 Residential Special Schools cases.)

ISSUES FREE OF COST ... 1264 (Includes 5 Residential Special School cases, free)

Issues at one-third Cost 3

Issues at two-thirds Cost Nil

ISSUES AT FULL COST ... 10 (Includes 2 Special School Cases
—not referred to Ministry of Social Security).

REFERRED TO MINISTRY OF

SOCIAL SECURITY ... 1468 (The Ministry of Social Security assisted 18 cases and refused 1,266 cases, leaving 184 cases outstanding.

This scheme for provision of clothing gives the opportunity, of which full advantage is taken, of close co-operation between the various agencies interested in the welfare of children. The Medical Officer of Health is notified at once of any cases coming to the notice of the Education Department in which there is a possibility of neglect or ill treatment of children.

Enuresis

The pad and bell apparatus is used as a treatment for bed-wetting. Mrs. E. I. Dodds the Superintendent of the District Nursing Service has submitted the following figures:—

Number of cases brought forward	•••	•••	•••	8
Number of new cases:				
Boys	•••	•••	8 7	
Girls	•••	•••	7	
Total	•••	•••		15
Total number of cases	•••	•••	•••	23
G 45 07				
Source of Requests (New cases):				
(a) School Medical Officers	•••	•••	•••	14
(b) General Practitioners	• • •	•••	•••	1
Total				15
10tai	•••	•••	•••	13
Cases attended during the year:				
Satisfactory outcome	• • •	•••	•••	6
Left District	•••	•••	***	2
Apparatus not required	•••	•••	•••	1
m . 1				_
Total	•••	•••	• • •	9
Cases carried forward to 1970	•••	•••	•••	7

Co-operation of the parents is essential, and they must be prepared to get up themselves when the bell rings to supervise the child and to reset the alarm. At present there are six outfits in use.

Provision of Meals

The total number of School Dinners consumed during the year was:—

Free	•••	•••	352,277
Paid	•••	•••	1,056,422
			1,408,699

Milk

The number of one-third pint cartons provided during the period under review was 1,726,237.

The number of individual children supplied with meals and milk on a normal day in October, 1969 was:

Meals:	Free		• • •	1,280
	Paid	•••	•••	6,036
	ו	TOTAL	•••	7,316
Milk		•••	•••	8,783

Nursery Classes

·		No. of New Admissions in 1969	No. on Roll 19.12.69	Average No. in attendance Jan.—Dec., 1969
Linacre	•••	49	36	28
Salisbury		40	39	30
St. Mary's	•••	40	29	22
TOTAL	•••	129	104	80

Throughout 1969 a steady flow of applications for the admission of children to the Nursery Classes has been received in the Education Office and in the Nursery Classes.

It has of course been impossible to meet all the demands for places, but each case has been given careful consideration.

Obviously each applicant for a child's admission to a Nursery considers their own individual case as one deserving of first priority, but the majority of parents whose child has not been placed in a Nursery Class because of lack of accommodation are prepared to accept the decision made. There are, and no doubt always will be, parents who consider as their right that they should have two children in the Nursery at the same time. Whilst admission of two children from one family is sometimes granted, the circumstances have to be exceptional to ensure a fair distribution of the available places.

The three existing nursery classes are situated in the lower part of the Borough, and it is envisaged that the new Netherton Moss Nursery Class will be opened later in 1970, to meet the needs of pre-school children in the Netherton Area.

The new St. Mary's C. of E., J.M. and Infants School, opened in 1968, has a purpose built Nursery Class, and the admissions to this class are the responsibility of the School Managers. Accommodation is provided by the Managers for up to 30 children.

Staffing of Nursery Classes, 1969

MIDCEDV	SPRING			5	UMMER	?	AUTUMN		
NURSERY	Qual. Teachers		Nursery Students	Qual. Teachers	Nursery Assts.	Nursery Students	Qual. Teachers	Nursery Assts.	Nursery Students
LINACRE	1	3		1	3		1	3	_
SALISBURY	1	3	3	1	3	3	1	3	3
ST. MARY'S	1	1	3	1	1	3	1	1	3

The Nursery Classes continue to be staffed by qualified teachers and Nursery Assistants.

Training Courses

Under revised regulations, the Bootle Authority now provides a complete two year course of practical training for Nursery Students. The first year of training is centred at Salisbury and St. Mary's Nursery Classes, and the second year of training is at either Netherton Park Infants Department or Our Lady of Walsingham R.C. Infants Department.

6 students successfully completed their training in July, 1969. At the present time 6 students are in the first year of the National Nursery Nurses' Certificate Course.

A Health Visitor attends each Nursery at least once a week, and routine medical examinations of all entrants are made by a School Medical Officer, with appropriate re-examination where the need arises.

Student Teachers

In accordance with Ministry of Education Circular 249, 67 medical examinations (Male 24, Female 43) were carried out of entrants to courses of training for teachers and to the teaching profession. Each candidate is required to have an x-ray of the chest to exclude tuberculosis. These x-rays are taken by the Mass Miniature Radiography Unit.

PHYSICAL EDUCATION

Report of Mr. W. W. Cain, Organiser of Physical Education

Swimming

The school children in the Borough have enjoyed an uninterrupted year of swimming at Balliol Road Baths and the work done with children

from the Junior Schools in particular has been most productive.

All of the schools include swimming in their programme but naturally the greatest concentration is upon the non-swimmers in the Primary schools. Few children embark upon a Secondary course without having already obtained, at least, a Beginner's Certificate and the number of A.S.A. and the R.L.S.S. awards gained during the period in question was very high.

A momentary period of alarm about the spread of verrucae, late in the year has been resolved, to the satisfaction of the swimming instructors who are diligent in their efforts to maintain a high standard of swimming

hygiene.

Schools P.E. Curriculums

A wide variety of activities were included in the schools programmes with all major games, gymnastics and outdoor activities pursued by school children.

The Schools Sports Association functioned efficiently and the extensive programme of competitive activities organised by the teachers, out of school hours, enabled the children concerned to enjoy a great deal of additional participation.

Games Centres, catering for Athletics and summer activities, operated during the Summer Term by qualified coaches were again well attended

and an obvious attraction to the children.

Evening Institutes

The three Institutes at Balliol, St. George of England and Netherton attracted good support for a number of P.E. classes including major games training, Yoga, Dance, Keep Fit, Archery, Judo, Badminton etc. and formed a popular section of the Evening Institute programmes.

Youth Organisations

The classes arranged for youth organisations in sports ranging from swimming to 5-a-Side Soccer provided a varied and interesting programme for those members who participated. Generally, classes are well supported and the efforts of the instructors well received.

The Youth Swimming scheme continues to be popular and only lack of facility restricts this valuable activity. The qualified Instructor in attendance has certainly helped in producing a high standard of achievement on the part of its youth members.

W. W. Cain.

Organiser of Physical Education.

ANNUAL STATISTICS SENT TO THE DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A.—Periodic Medical Inspections

	No. of Pupils who have			No. of Pupils found not to	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			
(Age Groups inspected By year of Birth)	received a full medical examina-		INSPECTED Satis- Unsatis-		for defective vision (excluding	for any other condition recorded	Total individual pupils	
(1)	(2)	(3)	(4)	above) (5)	squint) (6)	at Part II (7)	(8)	
1964 and later	114	114	_		1	8	8	
1963	986	986	_	_	4	109	110	
1962	933	933	_	_	13	79	82	
1961	85	85	_	_	3	7	10	
1960	27	27	_	_	5	4	7	
1959	35	35	—	_	_	1	1	
1958	279	279	_	-	8	26	33	
1957	377	377	—	-	18	36	51	
1956	186	186	_	-	16	13	27	
1955	75	75	_	-	5	3	6	
1954	30	30	_	_	3	2	4	
1953 and earlier	1105	1105			44	31	71	
TOTAL	4232	4232	_	_	120	319	410	

Col. (3) total as a percentage of Col. (2) total ... 99.86%

Col. (4) total as a percentage of Col. (2) total ... 0.14%

Table B.—Other Inspections

Number of Special Inspections Number of Re-inspections	•••	•••	•••	•••	4,227 5,140
		To	otal		9,367

Table C.—Infestation with Vermin

Notes:—The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

pup	ns, and not to instances of infestation.	
(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	4,6313
(b)	Total number of individual pupils found to be infested	701
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(d)	Number of individual pupils in respect of whom cleansing were issued (Section 54(3), Education Act, 1944)	orders Nil

PART II

PERIODIC AND SPECIAL MEDICAL

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

D. C. (_		D : 1: 7			
Defect Code	Defect or Disease			Periodic I	·——	ı 	Special Inspec-
No. (1)	(2)		Entrants (3)	Leavers (4)	Others (5)	Total (6)	tions (7)
4	Skin	T O	28 73	8 51	17 35	53 159	2226
5	Eyes a. Vision	T O	17 57	59 216	44 139	120 412	45
	b. Squint	T O	43 68	5 16	6 26	54 110	7
	c. Other	T O	5 17	3 5	1 5	9 27	153
6	Ears a. Hearing	T O	7 25	3 9	5 10	15 44	29 7
	b. Otitis Media	T O	18 45	7	4 23	29 83	18
	c. Other	T O	4 44	3 31	24	7 99	57 3
7	Nose and Throat	T O	29 127	6 47	11 45	46 219	33
8	Speech	T O	5 71	6	15	5 92	17
9	Lymphatic Glands	T O	3 50	2 12	3 15	8 77	3
10	Heart	T O	48	29	13	90	_
11	Lungs	T O	1 67	27	1 19	2 113	2 6
12	Developmental— a. Hernia	T	1 6	=	1	1 7	- 4
	b. Other	T	15 144	30	5 39	20 213	

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PART II—-continued

Defect Code	Defect or Disease				Periodic	Inspection	ıs	Special Inspec-
No. (1)	(2)			Entrants (3)	Leavers (4)	Others (5)	Total (7)	tions (6)
13	Orthopaedic— a. Posture	•••	T	1	1 5	2 4	4 9	2
	b. Feet	•••	T	35 44	7 38	18 35	60 117	81
	c. Other		T	42 143	4 51	25 86	71 280	41
14	Nervous System— a. Epilepsy		T	12		7	<u></u>	<u></u>
	b. Other	•••	T O	1 105	77	4 36	5 218	6 16
15	Psychological— a. Development		T O	<u></u>		44	- 68	18 7
	b. Stability	•••	T O	22	10	10	42	10 2
16	Abdomen	•••	T O	3	<u></u>		9	
17	Other		T	31 151	65 284	80 209	176 644	877

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	413
Errors of refraction (including squint)	. 861
Total	1304
Number of pupils for whom spectacles were	
prescribed	. 452

Table B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis.	21
(c) for other nose and throat conditions.	3
Received other forms of treatment	178
Total	211
Total number of pupils in schools who are know to have been provided with hearing aids—	n
(a) in 1968	4
(b) in previous years	19

Table C.—ORTHOPAEDIC AND POSTURAL DEFECTS

				Nı	umber of cases kno have been treate	
(a)	Pupils treated departments	at clinics o	r out-pa	tient 	276	
(b)	Pupils treated defects	at school	for post	tural	_	
		Total	•••	•••	276	
(e		ble D.—Disc			kin ble C of Part I)	
			WINCH			
				Ni	umber of cases kno have been treate	
Ringwor	m—(a) Scalp	•••	• • •	•••	1	
	(b) Body	•••	•••	•••	5	
Scabies	•••	•••	•••	•••	175	
Impetigo	· · · · · · · · · · · · · · · · · · ·	•••	•••	•••	180	
Other sk	in diseases (inc	ludes 320 ve	errucae)	•••	1594	
		Total	•••	•••	1955	
	Table	E.—Child	Guidance	Trea	tment	
Pupils tro	eated at Child C	uidance Cli	nics	Nı 	mber of cases kno have been treated 35	
]	Гаble F.—S	peech Tl	ierapy		
Pupils tre	eated by speech	therapists	•••	Nı 	mber of cases know have been treated 35	wn to

Table G.—Other Treatment Given

		Number of cases known to have heen dealt with
(a)	Pupils with minor ailments	. 1493
(b)	Pupils who received convalescent treat ment under School Health Service arrangements	
(c)	Pupils who received B.C.G. vaccination	n 592
(d)	Other than (a), (b) and (c) above	. <u>–</u>
	Total (a)—(d)	. 2091

SCREENING TESTS OF VISION AND HEARING

1(a)	Is the vision of entrants tested as a routine within their first year at school?	No
(b)	If not, at what age is the first routine test carried out?	6 years
2	At what age(s) is vision testing repeated during a child's school life?	8, 11, 13, 14, 15, 16. years
3(a)	Is colour vision testing undertaken?	Yes
(b)	If so, at what age?	11 years
(c)	Are both boys and girls tested?	Yes
4(a)	By whom is vision testing carried out?	School Nurse
(b)	By whom is colour vision testing carried out?	School Nurse
5(a)	Is routine audiometric testing of entrants carried out within their first year at school?	No
(b)	If not, at what age is the first routine autiometric test carried out?	8 years
(c)	By whom is audiometric testing carried out?	School Nurse

DENTAL INSPECTION AND TREATMENT

Attendances ar	nd Treatment				
		Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit		1011	1059	114	2184
Subsequent vis	its	574	988	148	1710
Total visits		1585	2047	262	3894
	irses of treatment				
commence	ed	267	539	47	853
Fillings in perr	manent teeth	495	1657	276	2428
Fillings in deci	duous teeth	228	33	_	261
Permanent teet	th filled	441	1595	219	2255
Deciduous teet	th filled	217	26		243
Permanent teet	th extracted	160	452	89	701
Deciduous teet	th extracted	1228	350	_	1478
General anaest	hetics	572	329	18	919
Emergencies		381	146	4	531
	Number of Pupils X-ray	ed		42	
	Prophylaxis			215	
	Teeth otherwise conserve	ed		16	
	Number of teeth root fil	led		5	
	Inlays			8	
	Crowns			29	
	Courses of treatment con	mpleted .		2129	
Orthodontics				10	
	Cases remaining from pr			19	
	New cases commenced of		•	20	
	Cases completed during			10	
	Cases discontinued during	-		3	
	No. of removable applia		•••	20	
	No. of fixed appliances to		•• ••• •••		
Prosthetics	Pupils referred to Hospi	tal Consul	tant	22	
Prostnetics		5 10 9	10 to 14	15 and over	Total
	_		10 10 14		- Joint
	with full upper or full				
•	t time)			_	
Pupils supplie	d with other dentures		13	2	16
)		13	3	16 16
	itures supplied	_	13	3	10
Anaesthetics	General Anaesthetics ad	ministered	by Dental		
	Officers		oy Demai	53	
Inspections					
(a)	First inspection at schoo		-	4704	
(b)				1588	
	No. of (a) $+$ (b) found to No. of (a) $+$ (b) offered			3978 3750	
(a)	Pupils re-inspected at sch		•••	824	
(c)	No. of (c) found to requi	re treatme	 nt	824 512	
Sessions	or or (c) round to requi			512	
	Sessions devoted to treat			639	
	Sessions devoted to inspessions devoted to Dent	pection .	Education	35	
	bessions devoted to Deni	ai rieaitii	Luucation		

HANDICAPPED PUPILS.

Cinquen found unsuitable for education at school	
During the calendar year ended 31st December, 1969:—	
(i) Children subject of new decisions recorded under Section 57 of the Education Act, 1944	10
(ii) Reviews carried out under the provisions of Section 57A of	

DEPARTMENT OF EDUCATION AND SCIENCE RETURN OF HANDICAPPED CHILDREN

PART 1

Total Cols. 1-10	169	1-80	41	21 19
Speech TOTAL De- Cols. fects 1-10 (10) (11)	1.1	11	11	
e jije 18	11	11	-2	-2
Mal- adjus- ted E.S.N. ep (7) (8)	9	16	7	13
Mal- adjus- ted (7)	40		11	
Deli- cate (6)	9 1		11	11
Parti- Physally ically Hear- Handi- ing capped (4) (5)	1-	11	40	4 %
Parti- ally Hear- ing (4)	-	1.1	7	2
Dcaf (3)	1.1	11	11	11
Blind sighted Deaf	11	11	1	11
Blind (1)	1.1	11		11
	boys girls	Children newly placed in special schools (other than ospital special schools) or boarding homes	boys	boys girls
		ng : :	:	:
1969	spec	± :		
ber,	ding in be	(others)	÷	:
cemt	pped children newly assessed as needing special and treatment at special schools or in boarding	ools (6	
ű	ed as	scho ng i	196	3
318	sess Il scl	cial ardi	uary	and
ded	ly as pecia	spe r bo	Jan	B(:)
ır er	at s	d in Is) o A at	ir to	b
r yc	dren	laee shoo	pric	place
enda	reatr	dy plant signature index	sseq	wly
cal	ppcd nal t	spec spec	e ass	AL DE
ig the	Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	Children newly placed in special schools (other than hospital special schools) or boarding homes	(ii) those assessed prior to January 1969	(iii) Total newly placed—B(i) and (ii)
During the calendar year ended 31st December, 1969	A Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	0.5	(3)	•
		m		

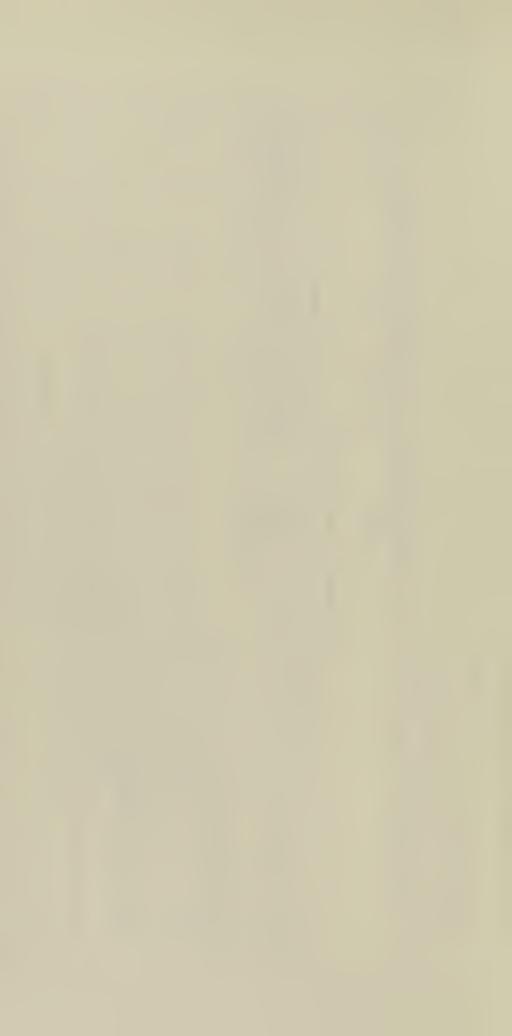
HANDICAPPED PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS; IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT, 1944: and BOARDED IN HOMES.

As at 22nd January, 1970:—		Blind (1)	Parti- Phys- ally ically learly Blind sighted Deaf in (2) (3) (4) (6) (6)	Deaf (3)	Parti- ally Hear- ing (4)	Phys- ically Handi- capped (5)	Deli- cate (6)	Mal- adjus- ted (7)	E.S.N.	Epil- eptic (9)	Mal- Speech TOTAL Speech TOTAL Speech TOTAL Ed E.S.N. eptic feets 1-10 (7) (8) (9) (10) (11)	Total Cols. 1-10 (11)
Children from the Authority's area awaiting places in spreial schools other flux hospital special schools (1) Under 5 years of age: - (3) walfing before 1st Jan. 1969.— (a) day places (b) walfing before 1st Jan. 1969.— (b) boarding places	s area awaiting places in spiral special schools 9.— (a) day places (b) boarding places		1	11		11	1.1		11	11	11	11
(ii) newly assessed since 1st January, 1969:—	(a) day places (b) boarding places	11	11	11	1.1	11	11	1	1.1	11	11	11

As at 22nd January, 1970:—	(2) Aged 5 years and over:-	(i) waiting before 1st January, 1969.— (a) whose parents had refused (a) whose parent to their admission (a) day places a special school (b) boarding places	(a) day places b	(b) boarding places boys (ii) newty assessed since tet January 1060.	(a) whose parents had refused consent to their admission to (a) day places a special school (b) boarding places	(a) day places b	(b) boarding places boys girls	(a) Total number of children awaiting admission to special schools other than hospital special schools—total of (2) above:— (a) day places by the control of the control o	(b) boarding places boys
Blind (1)		1.1	boys —	oys	11	boys —	oys	boys —	ays rls
Parti- ally d sighted 1		11	11	11	11	11	11	11	11
Deaf (3)		1.1	11	11	1.1	H	11	11	1.1
Parti- ally Hear- ing c		1.1		+1	11	-	11	-	11
Phys- ically Handi- capped (5)	İ	11	417	11	1.1	1	11	400	1.1
Deli- cate (6)		11	1-	H	11	1 6		97	11
Mal- adjus-		1.1		-	11	11	£ =		4~
E.S. N.		7	1-	11	1.1	210	11	44	11
Epil- eptic (9)		11	11	11	11	11	-	11	
Speech De- fects (10)		Н	1.1	11	1.1	11	11	11	11
Total Cols. 1-10 (11)		2	N W	- 1	1.1	æ 9	4 H	15	ν·

Ī	o o s					_	_				
,	Speech Torat. De- Cols. fects 1-10 (10) (11)		 85	7-10				10	- 11	- 1	2
			11	- 1 1				11	11	11	11
	Epil- eptic (9)		-	=			1.1	-	FI	11	11
I	E.S.N. (8)		57	1 2			П	4	11	11	
	Mal- adjus- ted (7)		-	-			1.	П	11	-	11
	Deli- cate (6)		-	11				11	11	11	11
	Physically Handi- capped (5)	;	9	4			11	4-	11	11	11
	Parti- ally Hear- ing (4)		0 m	11			1-1	11	11	11	7
	Deaf (3)		3.6	11			1-1	11	11	11	П
	Parti- ally sighted (2)	•	+	-			П		11	11	11
	Blind (1)			11			H	1 2	11		11
			girls	boys girls			boys girls	boys	boys	boys	boys
ļ		n the			ı the				;	÷	
		ere 0		a	ic oi			eņ.	:	<i>5</i> 0	
		Pupils from the Authority's area who were on the registers of Maintained special schools (other than hospital special schools and stocial mite and days	da)	boarding	Pupils from the Authority's area who were on the	S	ng à	boarding	day	boarding	
H		area ools cial	g a	Ė.	area	sloor	and a				not
		ity's sch sch	part c	re m	ity's	ial scl	nits	evers	o m		inits ial scl
ı.	970:-	Authority's area special schools hospital special	ning	they	uthor	d spec	cial	wher	chool		and a
	ary, 1	and the A	t form	ority	he A	taine	g	hool)	ent s		asses art of
	Janu	Is from the Authority's areaters of:— Maintained special schools other than hospital special other than hospital special surface and special units and	classes not forming part of a special school) regardless by	what authority they are main- tained	no de	Non-maintained special schools	schools and special units and	crasses not forming part of a special school) wherever situ- ated	Independent schools under arrangements made by the authority		Special classes and units not forming part of a special school
h	As at 22nd January, 1970:	Pupils from the registers of:— (i) Maintained (other than schools and	clas	what a	Pupils from	(ii) Non-maintained special schools	scho	speci	(iii) Independent schools under arrangements made by the authority		 (iv) Special classes and units not forming part of a special schoo
	Asat				Pu	Œ			(ii)		(iv,
_		E									

		Blind (1)	Parti- ally Blind sighted 3	Deaf (3)	Parti- ally Hear- ing c	Parti- Phys- ally ically Hear- Handi- ing capped (4) (5)		Deli- adjust- cate ed (6) (7)	E.S.N. et (8)	ig 36	Speech De- fects (19)	Speech Total De- Cols. fects 1-10 (10) (11)
ပ	Number of children from the Authority's area who were boarded in homes and not already included in B above;—											
	boys	11	11	11	11		11	11	11	11	11	11
۵		11	11	11		1.1		11	-	1	11	-
	(ii) in other groups, e.g. units for spastics, etc girls boys	11	11	11	11	11	11	11	11	11	П	11
	(iii) at home boys girls	11	11	11	11	4-1	-	11	11	2	11	
河	Total number of handicapped children requiring places in special schools; receiving education in special schools; lidependent schools; special classes and units; under Section 56 of the Education Act 1944; and boarded in Homes.											
	Totals of A(3); (B)(i) to (iv); C and D(i) to (iii) above boys girls	-2	5	9.6	20 4	27	∞ r₁	∞ 7	8.2	4.0	11	252





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